

# **A GUIDE FOR CAREGIVING FAMILIES**



**STATE OF MICHIGAN**  
**Department of Human Services**

[www.michigan.gov/dhs](http://www.michigan.gov/dhs)



**Michigan Association for Foster, Adoptive and Kinship Parents**

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## Welcome to MAFAC

We would like to introduce you to our organization - a statewide association representing foster/adoptive and kinship parents throughout Michigan. We are affiliate members of the National Foster Parent Association and the Federal of Children and Families. We provide a bi-monthly newsletter to our members with information such as training dates, legislative reports, board reports and current news about foster/adoptive and kinship parenting. We also sponsor an annual spring training conference for parents needing ongoing training as they care for children. We encourage your attendance at our conference as we strive to bring excellent trainers and outstanding speakers together for a weekend of learning.

We are a volunteer organization and an advocate for all families in Michigan by providing positive, problem solving solutions. We create new support groups where needed and enhance existing support groups in order to help families that are willing to open their arms to needy children.

The Michigan Association for Foster, Adoptive and Kinship Parents would like to welcome you to the PRIDE training. PRIDE offers you the opportunity to learn about foster/adoptive care from the viewpoint of a professional, as well as from the practical knowledge of foster parents. MAFAC Parents endorses the PRIDE training as a wonderful opportunity to enrich your understanding of foster/adoptive parenting.

Once you have made the decision to become a foster/adoptive parent, it will be necessary that you are involved in a support group and ongoing training. Many agencies have trainings available within the agency as well as support groups. It is important that you connect with other parents for ideas, training and the sharing of common experiences.

We are here to serve you. If you have any questions or need our services please call us. You can also visit our website at [www.mafak.net](http://www.mafak.net) for membership information.

Sincerely,

**MAFAC Parents**



# Department of Human Services

## Child Welfare Philosophy

*This philosophy serves as a guide for all DHS child welfare policy, contracting and payment approaches, inclusive of protective services, foster care, adoption, and juvenile justice.*

### **SAFETY**

Our first priority is to keep children safe. We recognize that parents (or other legal guardians) have primary responsibility for keeping their own children safe, but when they cannot or do not, we have been entrusted with the authority to intervene on behalf of the child.

### **CHILDREN'S NEEDS**

Children must have a voice in decisions that affect them. We must consider the specific needs of each child as we make decisions on his or her behalf. Those decisions must reflect consideration of community, ethnic, and cultural values, and be free of bias.

### **FAMILIES' NEEDS**

We must treat families with dignity and respect, recognize and value their ethnic and cultural traditions, and actively include them in decisions that affect them and their children. We must help families identify and use their existing strengths and we must consider family safety as we determine the intervention plan for a child. We must ensure that birth and adoptive families have access to at least the same level resources and services as those available to foster parents.

### **COMMUNITIES**

We must actively partner with communities to protect children and support families. We must take into consideration community safety issues as we determine the intervention plan for a child and family.

### **PLACEMENT**

The ideal place for children is in their own home with their own family. When we cannot ensure their safety in the family home we must place siblings together whenever possible and place them in the most family-like and least restrictive setting required to meet their unique needs, and we must strive to make the first placement the best and only placement. We must first consider placement with the non-custodial parent or extended family (maternal or paternal relatives, or appropriate non-relatives known and trusted by the child); if that is not possible or appropriate, we must strive to place the child with a foster or adoptive family so the child can stay in his or her school and maintain relationships with friends and family. When it is not possible or appropriate to place the child with siblings or relatives, we must make every effort to ensure that those relationships are maintained and fostered.

### **REUNIFICATION AND PERMANENCE**

We must reunify children with their siblings and families as soon as safely possible. When reunification is not possible, we must provide children with a permanent home and/or a permanent connect with caring, supportive adults as soon as possible. We must also ensure that children under our care are connected with the resources necessary for physical and mental health, education, financial literacy, and employment; and that they acquire the life skills necessary to become successful adults.

### **SERVICES**

When we intervene on behalf of children we must strive to leave children and families better off than if there had been no intervention. We must tailor services to meet the unique needs of each family member, and provide those services in a manner that is respectful of the child and family. Services should be outcome based, data-driven and continuously evaluated.

## **Acknowledgements**

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STATE OF MICHIGAN  
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LANSING



MARIANNE UDOW  
DIRECTOR

February 3, 2006

Dear Caregivers:

Thank you for taking on the rewarding and worthwhile responsibility of caring for a child. Whether you are a new or experienced foster parent or you are caring for a relative's child, I appreciate the commitment and the sacrifices that you have made.

Families such as yours provide children with a healthy home and community environment while they are away from their birth families. You help children maintain a connection with their families and guide them toward successful adulthood. When courts terminate parental rights you help prepare children for adoption. Foster parents and relative caregivers make a real difference in the lives of children by helping to end cycles of neglect, abuse and drug addiction and by showing children a different path in life than what they've known. Whether or not you choose to adopt a child who is available for adoption, your contributions stay with children throughout their lives.

In this *Guide for Caregiving Families*, you will find information about:

- Your role and responsibilities as a caregiver
- How to work with your local Department of Human Services office
- How to locate resources for children
- Your role in court hearings
- Licensing rules and regulations

This guide will act as both a resource and an educational tool. I encourage you to develop a relationship with the service worker for the child in your home and consider participating in a foster parent or caregiver support group. Be sure to ask your worker about mentoring and training opportunities in your area as well.

Thank you for making a difference in the lives of Michigan's children.

Sincerely yours,

Marianne Udow, Director  
Department of Human Services

## **Introduction**

Hello,

If you have this guide, it's because you are taking care of a child related to you or you have decided to become a foster parent. This guide will provide basic information to you as you care for a child who is involved in the child welfare system.

Why are children placed with someone other than their parents? Most of the children who enter foster care were removed from their parents because they were abused or neglected. Whenever children cannot safely remain in their own home, a court may order their removal and placement. Foster care is a general term that refers to any out-of-home placement arrangement.

Whether you are a relative caregiver or a licensed foster parent, providing temporary foster care for a child will be challenging. Gaining a basic understanding of Michigan's child protective system will help you to more effectively advocate for and meet the needs of the children placed in your home.

# **A Guide for Caregiving Families**

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## CHILDREN'S PROTECTIVE SERVICES

Children's Protective Services (CPS) is a program within the Department of Human Services (DHS) responsible for investigating allegations of child abuse and neglect. The Michigan Child Protection Law provides the framework for what CPS must do.

**Child Abuse** means harm or threatened harm to a child's health or welfare that occurs through non-accidental physical or mental injury, sexual abuse, sexual exploitation or maltreatment, by a parent, legal guardian or any other person responsible for the child's health or welfare or by a teacher or teacher's aide.

**Child Neglect** means harm or threatened harm to a child's health or welfare that occurs through either of the following:

- Negligent treatment, including the failure to provide adequate food, clothing, shelter or medical care.
- Placing a child at unreasonable risk to the child's health or welfare by the parent, legal guardian or any other person responsible for the child's health or welfare failing to intervene to eliminate that risk when that person is able to do so and has or should have knowledge of the risk.

### Reporting Suspected Child Abuse or Neglect

Anyone who suspects a child is being abused or neglected should contact CPS. The Child Protection Law identifies regulated (licensed) child care providers (which includes foster parents) as mandated reporters. This means that foster parents must immediately contact CPS if they suspect abuse or neglect.

### CPS Investigation Process

#### Intake:

When CPS receives a complaint of suspected abuse or neglect, it must do one of the following:

- Conduct a preliminary investigation.
- Reject the complaint.
- Refer the complaint to another agency such as law enforcement or licensing.

A CPS complaint must meet the following three criteria in order to be assigned for a full investigation

- The alleged victim is under 18 years of age.
- The alleged perpetrator is a person responsible for the child's health or welfare (which means a parent, including a foster parent, legal guardian, person 18 years of age or older who resides for any length of time in the same home in which the child resides or a non-parent adult).
- The allegation minimally meets the child abuse and neglect definitions.

When a mandated reporter files a complaint, s/he will be informed in writing as to the outcome of the complaint. A non-mandated reporter may request information, verbally or in writing, regarding the outcome of his/her complaint.

### Investigation

A CPS investigation must begin within 24 hours and include:

- Face-to-face interviews with the alleged child victim(s), the caretaker and the alleged perpetrator.
- Contact with any collateral sources of information, such as school personnel, doctors, neighbors and family members.
- A review of the family's CPS/and or criminal history.
- A home call to the family's home.
- An assessment of child safety.



A CPS investigation must be completed within 30 calendar days of receiving the complaint. Additional time may be requested if the investigation requires work that cannot be done within the original 30-day time frame.

CPS must determine if there is a “preponderance of evidence” of abuse or neglect. Preponderance of evidence means a 51% likelihood that abuse or neglect occurred.

### **Disposition**

Following a completed investigation, CPS will put the case in one of the following categories:

- Category I- court petition required, placement of the children likely. A preponderance of evidence is found that abuse or neglect occurred. The perpetrator is placed on central registry.
- Category II- a CPS case is open and services are provided to the family. A preponderance of evidence is found that abuse or neglect occurred. The perpetrator is placed on central registry.
- Category III- CPS determined that abuse or neglect occurred and will assist the family in receiving services. A CPS case is not opened.
- Category IV- CPS determined that there is not a preponderance of evidence of abuse or neglect, but will assist the family in voluntarily participating in services.
- Category V- CPS determined that the allegation had no basis-in-fact, or the family does not cooperate and the court does not require that they do so, or the family cannot be located.

At any point during the investigation and/or open case, when a CPS worker believes removal of the children is a possibility, a Team Decision Making meeting may be held, preferably before an actual removal. This provides an opportunity to discuss the family’s needs and strengths and develop a safety plan for the children. The CPS worker and supervisor, the parents, any support persons they identify, relatives, service providers and a facilitator may participate in this meeting.

## **COURT PROCESS**

Children are placed into foster care when the court determines it is not safe for their parents to care for them. The following is a summary of the court process for abused and neglected children.

### **Preliminary Hearing**

The preliminary hearing must be held within 24 hours after the children have been removed. The purpose of this hearing is to determine whether the court will authorize the petition filed by CPS and whether out-of-home placement is necessary. The reasons for the petition are explained and the parents are provided an opportunity to respond. If the parents disagree with the allegations in the petition, the case will proceed toward trial. The children will be assigned an attorney. If the parents cannot afford to hire an attorney, one will be assigned to them.

### **Pre-Trial Hearing**

The court may have one or more pre-trial hearings before the actual trial. The attorneys provide the court a list of people who will testify about the allegations in the petition. There may be other discussions about placement, possible services, and amendments to the original petition. A date for the trial is usually set at this time.

### **Adjudication Hearing or Trial**

The adjudication hearing, or trial, must occur no later than 63 days after the children are removed from their parents. The purpose of this hearing is to determine whether the children have been abused or neglected and whether the court has the authority to remain involved in the family's life. This hearing is either a bench trial with a judge or referee or a jury trial with a judge and jury of eight. Parents may admit to the allegations or plead "no contest" in which case a full hearing will not be held. In a trial, evidence is presented and witnesses may testify. The court will decide if the children remain in foster care. The protective services worker's involvement in the case ends when the court makes their finding regarding the allegations of abuse and/or neglect.

### **Dispositional Hearing**

The dispositional hearing is held within 35 days of the adjudication hearing. The court will determine what the parents must do in order for the children to be returned. This is the first hearing at which the foster care worker assigned to the children must address the court about the service plan, progress and children's status. The court will provide the worker instructions about the case and services. The court will also make decisions about parenting time (parent visits) such as frequency, location and need for supervision. The plan as developed by the worker and ordered by the court is outlined in the Parent Agency Agreement and Service Plan.

In limited situations, the agency may seek termination of parental rights at the beginning of the case. If so, the decision about termination will occur at this hearing.

### **Review Hearings**

The initial foster care review hearing takes place within 182 days after removal of children from their home and no later than every 91 days after that for the first year the children are subject to the jurisdiction of the court. After the first year children are removed from their home and subject to the jurisdiction of the court, review hearings are required to be held not more than 182 days from the immediately preceding review until the case is dismissed. The court reviews the case including the progress of the parents, the quality of the parenting time and the care and services provided to the children. The court will decide if the children should continue in foster care or return to the parents' care. Review hearings may continue even after children are returned home so the court can continue to monitor parental progress.

The court or any party in a case may ask for an earlier review hearing to be scheduled on a case depending on the case plan. A worker or attorney can request an additional review hearing if the

case situation warrants it. At any point in the court process a party can request and the court may decide that the children be returned home.

### **Permanency Planning Hearing**

A permanency planning hearing must occur no later than 12 months after the children were removed from their home if the court case is still open and once every 12 months after that. The purpose of this hearing is to determine whether the children will return home or remain in foster care for a limited and specified period of time. The court may decide that the children are to remain in long term foster care or may order the agency to file a petition to terminate parental rights.

If the court orders the agency to file a petition to terminate rights, the agency must file it within 42 days. Once the petition is filed, parenting time is suspended automatically unless the parent establishes and the court finds that continued parenting time would not be harmful to the children.

### **Termination of Parental Rights Hearing**

The purpose of the termination hearing is to determine whether the legal relationship between the parent and child will be permanently severed, making the child available for adoption. Termination can only occur when one or more of the conditions outlined in the law are met.

If a petition is filed requesting termination of parental rights, the court will set a termination hearing, or bench trial. Some courts will also schedule a pretrial meeting or hearing to allow the parties involved to prepare for the trial.

At the termination hearing, evidence is presented and witnesses will testify and be cross-examined. There are two steps in a termination hearing. First, the agency must provide evidence that demonstrates a statutory, or legal, basis for termination. Second, the court must determine that termination is in the children's best interest. Parents, through their attorney, may attempt to show that termination is not in the children's best interest. Within 70 days of starting and within 28 days of taking final evidence, the court must issue its decision. The court must make its findings and conclusions on the record (orally) or in writing.

If rights are terminated, the children are considered permanent court or state wards and are legally available for adoption. However, the parents have a 21-day period from the date they receive their written order to file an appeal with the court. In a termination of parental rights situation, parents have a RIGHT to appeal and will be appointed an attorney if they need one. The children will continue to be represented in the appeal by their assigned attorney.

### **Voluntary Release**

Parents may choose to give up their parental rights at any time during the case. In some situations only one parent may choose to release their rights. Any parent inquiring about releasing their rights will be informed of the consequences and impact of this decision. The children are not available for adoption unless the rights of both parents have been terminated, whether by termination trial or after voluntary release.

### **The Children's Attorney**

The court must appoint an attorney or lawyer-guardian ad litem (LGAL) for each child. The LGAL is to complete an independent investigation and determine the child's best interest. The attorney must meet with and observe the children and find out the children's wishes before certain hearings. If the attorney determines that the children's wishes are in conflict with the attorney's determination of best interest, the attorney must inform the court of the conflict and the court may consider appointing a separate attorney to represent the child's wishes. This second attorney for the child must advocate for the child's expressed wishes.

You should have contact with the children's LGAL either at court or in your home. You are able to speak freely with the children's attorney. You must allow the LGAL access to your home and contact with the children they represent.

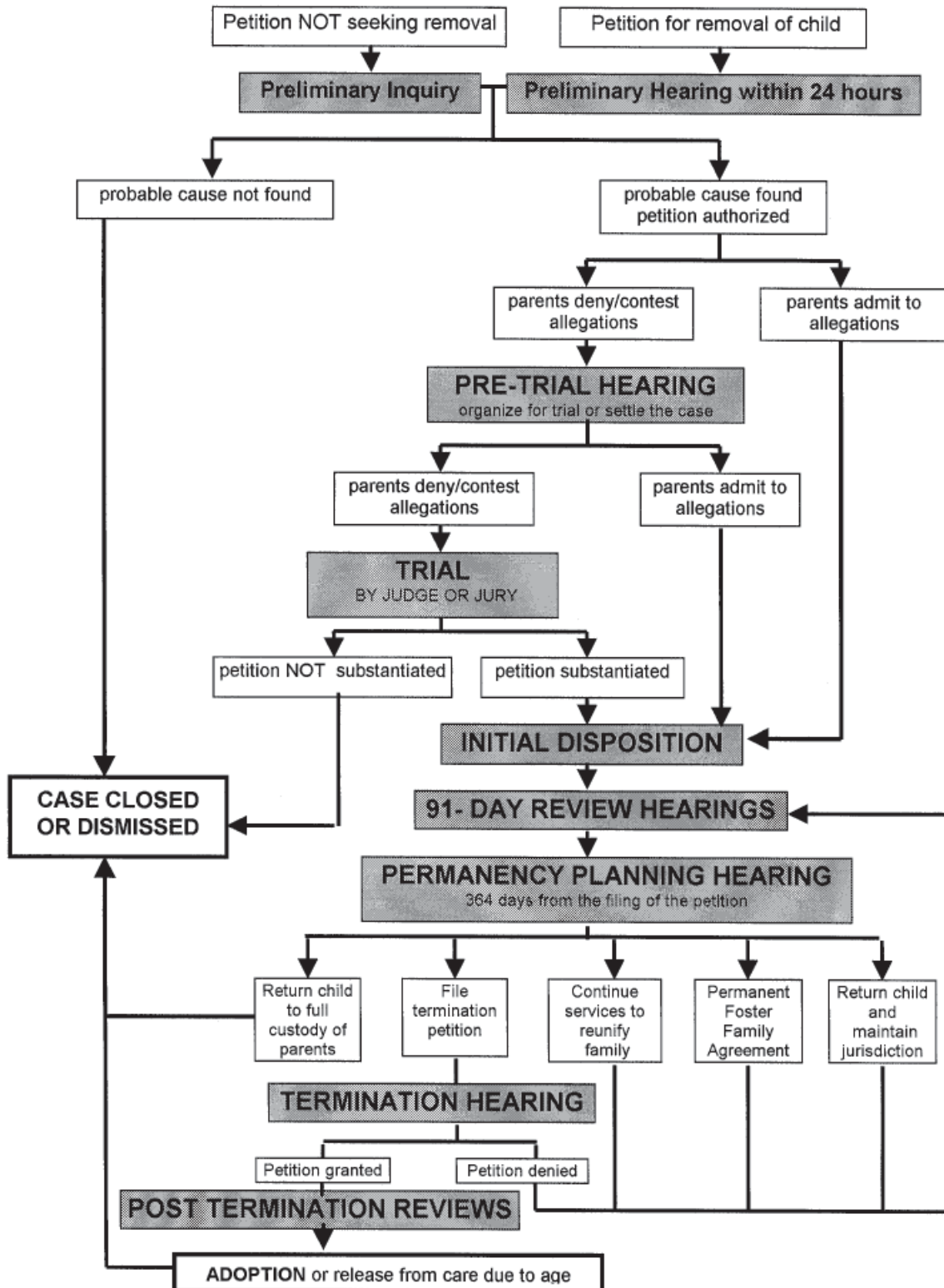
**Caregivers at Court**

Most courts welcome your presence at hearings. Input from caregivers should be included in the worker's report to the court. You may provide your written observations of the children and their progress to the worker or directly to the court. If you take your written statement to the court, be sure to bring several copies so that the information can be shared with all parties. You should receive a copy of each court order.

### Tips for Court:

- Dress appropriately- clothing should be modest and clean
- Do not drink, eat or chew gum in the court room
- Address the judge or referee as "Your Honor"

### COURT PROCESS FLOWCHART



Protective Services

Foster Care

## INDIAN CHILD WELFARE

In addition to state laws, the Indian Child Welfare Act (ICWA), a federal law, directs the state's handling of cases involving Indian children. An "Indian child" is a child who is either a member of an Indian tribe or is eligible for membership in an Indian tribe.

The United States Supreme Court, in numerous decisions beginning in 1831, recognized that Indian Tribes were independent sovereign nations within the borders of the United States. The purpose of ICWA is to protect the best interests of Indian children and to promote the stability and security of Indian tribes and families. Minimum federal standards were established for the removal of Indian children from their families and the placement of such children in foster or adoptive homes which reflect the unique values of Indian culture.

At the preliminary hearing, after a petition requesting court jurisdiction has been filed, the court (judge) should always ask if the child is of Indian heritage. If Indian heritage is suspected, the case must be handled in accordance with ICWA.

When DHS has filed a petition in state court requesting removal, termination of parental rights to an Indian child, or the finalization of an adoption, the petitioning party must notify the appropriate tribe, if known, or federal agency and the parent or Indian custodian. Notices must be sent registered mail, return receipt requested, and received at least ten days prior to any court proceeding. Only Indian children from a federally recognized Indian tribe fall under the provisions of the ICWA. However, Department policy requires children's services workers to implement ICWA's active efforts requirement in cases involving children from Canadian Indian Tribes and Michigan State Historic Tribes who are not recognized Indian tribes.

An Indian tribe may take jurisdiction of a case if the tribe, parent or Indian custodian requests a transfer of jurisdiction. Unless there is good cause or objection by one of the child's biological parents, the state court must transfer the case to the tribal court. The tribal court then handles the case, and the state court is no longer involved. Tribes may also intervene in state court proceedings at any time. This means that jurisdiction remains with the state court, but the tribe becomes a party to the case by receiving notification of hearings and decisions, participating in the decision making process, and/or files motions and makes pleadings.

If you have a child with Indian heritage in your home, you should be aware of the following: First, the legal standard for removal of an Indian child and the standard for terminating parental rights to an Indian child are higher than the standards applied to non-Indian children. Second, when requesting removal of an Indian child, the state must show that active efforts were made, but failed to prevent the break-up of the Indian family. Third, expert witnesses must provide testimony in court concerning whether continued custody is likely to result in serious emotional or physical harm to the child.

If any provision of the ICWA was not followed, any decision made by the court, including an order terminating parental rights or an order granting an adoption, may be challenged and invalidated.

As a caregiver of an Indian child, it is important to support and encourage the child's cultural identity. Decisions about involving or exposing a child to cultural activities should be based on the child's needs, parent's wishes, and input from the child's tribe.



## FOSTER CARE SERVICES

When children are placed into foster care, CPS will transfer the case to foster care within 5 business days and a foster care worker will be assigned. During the 5 day transition time, CPS staff will provide supportive services. Generally, one foster care worker is assigned to the entire family, even if all the siblings are not placed together.

Whether the child is placed with a relative or licensed foster parent, the foster care worker is the family's connection to the agency. The foster care worker will assist you with the child's adjustment to your home and will be available to answer your questions throughout the duration of the placement. The foster care worker coordinates payments for a child's care or services, makes referrals for needed services, visits with the child both in your home and in other settings, addresses placement issues and meets with you. It is also the foster care worker's responsibility to provide services and referrals to the parents to correct the issues that led to removal and placement.

The Initial Service Plan, (ISP) is a report written within the first 30 days of the child's placement. The ISP includes information about the child's family, the reason the child was removed, information about the child's needs and the parents' progress and the goal for the child.

The ISP report also includes the Parent-Agency Treatment Plan and Service Agreement that identifies specific goals with dates for completion for the parents, children, caregivers and foster care worker. As the child's caregiver, you will be involved in the development of the plan, and be responsible for certain activities. You may be responsible for enrolling the child in school, participating in therapy with the child, driving the child to sibling visits and parenting time, etc. You may also be asked to participate in team meetings to help make decisions affecting the welfare of the child.

The foster care worker's activities will also be identified in the Treatment Plan. They will include steps that the worker will take to support the children, parents and caregivers in reaching their individual goals as well as the permanency goal, including how often the worker will visit each of the involved parties.

The parents' activities will also be listed and include the things they need to do in order for the children to safely return to their care. Their activities could include parenting classes, drug treatment, drug screening, therapy, etc.

### PARENTING TIME

One component of the service plan is the visitation plan among family members including sibling contact if the children are not placed together. Visits between parent and child are called "parenting time". The child may also have visits with extended family members and others with whom the child has had a significant relationship. The foster care worker will coordinate the schedules of all parties and set the plan including the dates, types, frequency, location, need for supervision and duration of visits.

Parenting time is vital when reunification is the permanency plan. It is critical to ensure that family relationships are maintained even while the family is separated. The parents continue to participate in making decisions about the child and participate in parenting. Parenting time eases some of the pain of separation for parents and children. It allows the children the reassurance that their parents still care and remain committed to them. Parents are able to keep informed about the child's activities, progress and growth.

The relationship between siblings is often one of the most enduring relationships that individuals experience in their lifetimes. The foster care worker is responsible for ensuring that children are able to maintain these relationships. As the child's caretaker, you may be asked to assist in making sibling visits possible.

## HOME VISITS

The foster care worker is required to visit with you in your home at least once per month. The worker is required to see the child at least once per month. The visit with the child must take place at your home at least every other month.

In order to make a home visit successful, you should:

- Meet the worker at the door.
- Be dressed appropriately. Casual clothing is appropriate, but everyone should be dressed in daytime clothing.
- Introduce everyone in the home to the worker. You should limit the number of visitors to your home during a home visit because of the confidential nature of the information to be discussed.
- Plan to meet in an area that allows everyone a place to sit and allows for privacy from others who are not participating in the conversation.
- Plan for an area where the child may meet privately with the worker.
- Turn off the television/radio or meet in another room.
- Do not smoke during the visit.
- Be prepared. Prior to the worker's arrival, make a list of your questions and write down concerns since your last meeting. Make a list of the child's accomplishments and struggles so you can discuss them with the worker.
- Be honest and complete in reporting the child's progress and current situation

## ONGOING REPORTS

The foster care worker continues to monitor the progress of the children and the parents toward the permanency goal. The worker reports the situation in an Updated Service Plan (USP) report every 3 months. A new and updated Parent-Agency Agreement is attached to each report. As the child's caregiver, you are entitled to copies of all of these reports, and may obtain them by asking the foster care worker.

## OTHER IMPORTANT PEOPLE

In addition to the foster care worker and the certification worker, your family will probably have contact with the child's attorney or lawyer guardian ad litem (L-GAL) who is responsible for meeting with the child before each court hearing.

In some counties, CASAs (Court Appointed Special Advocates), may be appointed by the court to be "the eyes and ears" of the court. These specially trained volunteers look out for the interests of the children throughout the foster care process.

Often children in foster care participate in therapy to assist them in understanding their feelings and reactions to their personal history of abuse or neglect. Your support in making sure that the child attends the therapy appointments on a regular basis is important. A child's therapist can be a good resource for your questions about the child's behaviors or issues and how you should respond to meet the child's needs. Consultation between the worker, foster parent and therapist should occur if there are concerns about the child's progress.



## FOSTER HOME LICENSING

The Michigan Department of Human Services (DHS) through the Office of Children and Adult Licensing (OCAL) issues foster home licenses.

Public Act 116, also known as the Child Care Licensing Act, was established as:

An Act to provide for the protection of children through the licensing and regulation of child care organizations; to provide for the establishing of standards of care for child care organizations; to prescribe powers and duties of certain departments of this state and adoption facilitators; to provide penalties; and to repeal acts and parts of acts.

A foster home is defined in the law as a child-care organization, as is a child-placing agency (agency). An agency can be a county DHS office or a private agency that has a contract with DHS to provide foster care services. Both foster homes and agencies are licensed based on the standards that have been established to ensure that children who are placed into foster care are protected. (A copy of the law and the licensing rules have been placed in the back of this book.)

The law also defines who needs to be licensed. If you are caring for a child and you are not related to the child by blood, marriage or adoption and are not the legal guardian, the law says that you must be a licensed foster parent. If you are related to the child, you do not have to be licensed, but you may choose to be licensed so that you can be reimbursed for the cost of caring for the child and to be eligible for some services that are only available to foster children when they are in a licensed foster home.

The issuance of a license is based on a recommendation made by an agency. The agency completes a study of a family to determine if the family meets the qualifications that are in the foster home licensing rules.

The process for becoming a licensed foster home and the rules that a family has to follow are the same regardless of whether the agency is a local DHS office or a private agency and regardless of whether or not you are related to the children you are caring for.

Before you can be given an application to become a foster parent, you must attend an orientation session through your agency. If there are two caregivers in your household, both adults must attend the orientation. The purpose of the orientation is to let you know what kinds of things the agency will be checking and what policies and procedures you will have to agree to follow if you become licensed. If you want to be licensed, the agency will enroll you in training, begin the home study process and the application process.

### Home Study Process

It is important to know that the home study process will involve an evaluation of every member of your household and immediate family, including all of your children. Remember that the purpose of licensing is to assure that children will be safe and protected and evaluating all household members is an important part of this process. If you have adult children that do not live with you, they will also be interviewed.

The agency will require a check of police records on all adults who live in your household. While there are some criminal convictions that will make you ineligible to be licensed, like murder, other convictions will be evaluated by the licensing worker at the agency. The agency will look at how long ago you had a conviction, what the conviction was for, and how that conviction relates to being able to provide good care for children. In addition to police records, there will be a check to see if your name is on the DHS list of people who have either neglected or abused a child. Generally, if your name is on this list, called Central Registry, you will be ineligible to be licensed.

All members of your household, including children, will need to have a medical statement. The purpose of the medical statement is to see if you have any physical or mental health conditions that would get in the way

of being able to provide good care. The second purpose is to see if anyone in the household has a medical or emotional condition that requires so much care that there would not be enough time to adequately care for foster children.

Another part of the process will involve interviewing all members of your household. Many of the questions that are asked will seem very personal and intrusive, like asking about your finances and your marriage. Think about what you would want to know about someone before you would leave your children with him or her. Everything!! The agency has the responsibility to make sure that people applying to be foster parents will keep children safe and secure. In addition, the agency needs to know a lot about you to make sure that the children placed in your home are a good match for you and your family and that you will be able to handle the children placed with you. The agency will explain what their policies are in lots of different areas, like discipline, religion, supervision, school, and visits with birth families. You will have to agree to follow the agency's policies to become licensed through that agency.

Obviously, the agency will also have to check out your house. Every room has to be seen. The agency will let you know what the requirements are for bedrooms, being able to exit from your home safely, telephones, etc. The assigned licensing worker will do things like measure the floor space in bedrooms, note what kinds of beds and dressers are in each room and who sleeps in the rooms, check the temperature of the hot water and make sure you have a working smoke detector and carbon monoxide detector.

After this is completed, the certification worker will write the home study on your family and will make a recommendation regarding your license and the placement of a child into your home. This recommendation will be based on the agency's assessment of whether or not you meet the requirements in the licensing rules and will specify what the terms of the license will be. The terms of the license are the number of children you can provide care for, whether boys or girls or both are placed with you, what ages of children may be placed, and other characteristics of children that may be placed in your home. You are entitled to a copy of this study. The agency will send the initial recommendation to the OCAL in Lansing. Remember that the OCAL issues the actual license, not the agency. If the agency does not recommend that you get a license and the OCAL accepts the agency's recommendation, you will be given the opportunity to have a formal hearing to present facts that show why you should get a license.

### **Updated Home Study**

An original foster home license is valid for six months. At the end of the six-month period, the agency will complete an updated home study. A certification worker will talk with all members of your household again and will talk with the caseworkers assigned to any foster children that have been placed with you. Generally, your license will get renewed for a two-year period of time. Even though the license will be good for two years, a certification worker will come out at least once a year to evaluate how things are going and to determine if either you or the agency want to change the terms of your license. As with the first home study, you are also entitled to a copy of the updated home study.

### **Training, Support and Team Relationships**

Taking care of foster children, even when they are relatives, may be very different than caring for your own children. Children generally come into foster care because of problems in their birth families. The agency will provide training on how to deal with the child's issues and on how to work with the agency. The licensing rules require every foster parent to obtain training each year. Successful caregivers are always trying to learn new and better ways to do things.

Most agencies also offer support groups for both foster families and relatives who are providing care. The purpose of the support groups is to meet with other families who are facing the same kinds of situations and learn the best ways to deal with troubling or destructive behavior. Support groups will often have a speaker to help lead a discussion on a specific issue. This serves the dual purpose of giving the caregiver support and providing training on a wide variety of topics. Sometimes friendships are formed among the members of the group.

In addition to getting training and support from the agency and other parents, it is important to remember that you will be a part of a team of individuals concerned about the best interest of the child. The team will be composed of the foster care worker, the birth parent, the foster parent or relative caregiver, and other individuals who are working with the child or the parent. This may include therapists, attorneys, and others. Not everyone will agree on what is best or the best way to achieve goals, however, it is important for all of the team members to participate and to be respectful of the opinions and perspectives of one another.

### **Complaint Investigations**

Being a foster parent can be very rewarding, but it can also be frustrating. One of the most frustrating things that can happen is having someone make a complaint about the way you are taking care of the children or how you interact with someone at the agency. You may ask yourself, “How could anyone believe I would do that?” or “Why should I bother with this if the agency doesn’t trust me?” That is very understandable. Remember, though, that the job of the agency is to make sure that children are safe and protected.

The agency has rules to follow, just like foster parents do. Any time there is a complaint, the agency rules require that the complaint be investigated. It is best to be open with the worker who is completing the investigation and to remember that the worker is just doing their job. The agency has to tell you what the complaint is. If you choose, you may have someone present when the complaint is being investigated, but it is not required. The purpose of the investigation is to determine if you are following the rules and the agency’s policies. At the end of the investigation, the licensing worker must tell you what they found and what decisions will be made based on those findings. A report will be written and you will receive a copy of that report.

### **Changing Agencies**

You can request to transfer your license to another agency. Transferring a license involves an agreement between your current agency and the agency for which you would like to provide foster care. Reasons for a transfer include moving to a new community or because of a poor working relationship with your current agency.

It is best to find another agency before there is a complete breakdown in communication between you and your agency. A new agency will want to know about your previous experiences as a foster parent. If your experience was negative, you should fully discuss all the issues with the new agency to be sure that these problems will not reoccur.

### **Summary**

The most important thing you can do when you are getting licensed or if you are caring for relative children is to ask questions about anything that you do not understand. It can be confusing to sort out all of the different expectations related to licensing, the court, what you are supposed to do and what you shouldn’t do, what the caseworker wants, what the attorneys want, and so on. Never be afraid to ask questions and get the answers that you need. The role you have taken on is an important one and the children you care for are the ones who benefit from your knowledge and understanding.

## CHILD PLACEMENT

### REQUIRED INFORMATION FOR FOSTER PARENTS

Caregivers, licensed and unlicensed, are entitled to receive certain information about foster children placed in their home. Caregivers should use discretion when discussing children placed in their home. Records regarding children and facts compiled about children and their parents are confidential and should not be shared with or discussed with others.

Prior to or at the time the child is placed in your home, you should receive the following information:

- The child's name and date of birth.
- Authorization to provide routine and emergency medical care including the child's Medicaid number.
- The name and phone number of the assigned worker.
- All information available about the child's health, including immunizations, basic health history, ongoing medications, current appointments, and any known health providers. If the child has been in placement prior to your home you should receive the Medical Passport detailing this history.
- All known history of abuse and neglect.
- All known emotional, behavioral, psychological or psychiatric problems.
- A letter authorizing you to enroll the child in school, indicating that the child is eligible for the free lunch program.

You should also receive the plastic MI Health insurance card for Medicaid. If you do not receive it at the time of placement, contact the caseworker to get it from the previous caregiver or call 1-800-642-3195 to request a replacement card.

Additionally, throughout the child's stay in your home, you are entitled to receive copies of the following:

- The initial service plan (ISP).
- Each updated service plan (USP).
- Court orders.
- The child's medical, educational and mental health reports.

A letter requesting this information must be submitted to the caseworker and the information must be provided to you within 10 days of the request. A new request is not required each time new information or reports become available.

Due to confidentiality restrictions, the following information is NOT available to licensed or unlicensed caregivers:

- Police reports.
- Mental health records of the parents unless the parents authorize their release.
- HIV information about anyone other than the child.
- The name of the person who reported the abuse/neglect to CPS.
- Substance abuse information, including information about the child, unless officially authorized for release.

The child's worker will schedule a meeting involving you, the child's parents and the worker to discuss the care of the child. You'll learn all about the child, including medical history, allergies, favorite foods and routine.

### EDUCATION

The trauma children suffer when abused and/or neglected often interferes with their ability and opportunities to learn. It is therefore vitally important that the children placed into foster care have continuity in their education. This is why attempts are made to maintain children in their own schools when they are placed into foster care and why school calendars are often consulted when making decisions about placement changes.

No later than 10 school days after placement of the child, the supervising agency (or the foster parent/relative caregiver with agency approval) must enroll the child into an accredited school program. The foster care worker will notify the school in writing of the name of the child's caregiver and name of the foster care worker. A letter authorizing you to enroll the child into school and a copy of the child's immunization record should be provided at the time of placement or shortly after the child is placed.

If a child is already certified for special education, the caregiver can and should attend all meetings and provide input. Caregivers may sign the individualized education plan (IEP) indicating their attendance.

If a child is not already certified for special education or Early On services (birth to age 3), the caregiver may request that the school start the evaluation process, but they may NOT give authorization to evaluate the child nor sign releases. Instead they must provide the school with the foster care worker's name and phone number so that the appropriate authorizing party (birth parents or designee) may be contacted.

If the child is determined to be eligible for special education services, foster parents may not sign the IEP initiating and consenting to services. The birth parent, or in special circumstances, a surrogate parent for education, must sign this consent.

## CONSENTS

When anyone asks who is the "legal guardian" for a foster child, the answer is complicated. Although you will be providing the day to day care for a foster child in your home, legal authority for the child is a shared among the agency, court and birth parents. Certain situations require agency consent. Unless parental rights have been terminated, the birth parent or legal guardian must give consent in other situations. If you are not sure in a specific situation if you may or may not grant permission, contact the child's foster care worker for clarification.

### Medical Care

Caregivers may consent to routine non-surgical medical care and emergency care including emergency surgery. If the medical provider can delay a surgery for several hours, it may be considered urgent but is not an emergency.

Only the child's birth parent may consent to non-emergency elective surgery unless parental rights have been terminated. If the parents' whereabouts are unknown, a court order must be obtained.

Non-emergency elective surgery procedures range from fairly routine and "easy" to much more serious procedures. Abortion is considered an elective procedure. There are some special considerations and restrictions involved with this procedure, so it is important to address this issue with the foster care worker.

A caregiver may NOT sign consent for psychotropic medications (including ADD and ADHD medications). Parental consent is necessary for temporary court wards unless the parents' whereabouts are unknown and the consent is a condition of admission to an emergency psychiatric hospital. If the psychotropic drugs are prescribed for continued use and the parents are not available, then the caseworker must get consent from the court. For state wards committed to the Michigan Children's Institute (MCI) a division of DHS, the supervising agency has the authority to consent to psychotropic medications.

Birth control and contraceptives do not require parental consent.

### Piercing and Tattooing

Piercing of ears or any other part of the body as well as any permanent tattooing is considered non-emergency elective surgery and therefore requires the consent of the birth parents.



### Out of State Travel

Birth parents or the legal guardian must give consent for a child to travel out of state. If the parents' whereabouts are unknown or the parent refuses to consent, the court may be petitioned to give consent. Local court practice will dictate whether the court must be notified and grant permission each time a child is traveling out of state.

In the absence of a court order, the caregiver should be provided evidence of authority to travel with the child according to local practice. If the child's case is supervised by a private child-placing agency, they must also notify the local state office regarding out of state travel.

### Hair Care

Caregivers need to maintain a child's hair through routine cuts and trims. Conditioners and oils that are part of routine hair care may also be used as needed.

Birth parents must give consent to any major changes in the child's hair. These include dyes, bleaches, perms, relaxers, chemicals and changes in the length of a child's hair.

### Driver's License

Teenagers in foster care should not miss out on the opportunity to learn to drive and earn a driver's license. The decision for driver's training should involve the youth, worker, caregivers, and birth parents.

Only the birth parent or legal guardian may sign a driver's license application for a foster child. The worker may sign the application if the youth is a state ward or a permanent court ward.

### Marriage, military, public use of photographs

The parent or legal guardian retains the authority to consent for a foster child to marry and enter the military. When parental rights are terminated the responsible party is either the MCI Superintendent or the court.

For all temporary court wards, the birth parent or legal guardian must consent for public use of the child's photograph that identifies the child as a foster child.

This restriction does not prohibit a foster child from having school pictures taken, from being included in the yearbook or from being in pictures at a group event, such as sporting events and school activities as long as the child is not identified as a foster child.

### Media Interviews

Media interviews of foster children are rare and can only take place with the consent of the birth parents or court. If parental rights have been terminated, the MCI superintendent or the court can authorize interviews. Whenever there is doubt, the DHS Office of Communication must be contacted for assistance.

### REIMBURSEMENTS

Caregivers are expected to provide the ongoing, routine, normally expected activities to raise a child.

A basic foster care rate has been established to assist you in assuring that your child's physical needs are met. Caregivers who are eligible for this rate include:

- Licensed unrelated caregivers.
- Licensed related caregivers.
- Unlicensed relative caregivers if the parental rights have been terminated and the child is committed to the state.

The basic foster care rate is not a salary or wage and is not considered income. It is intended to reimburse caregivers for some of the cost of providing for the needs of a child. It covers the extra expense of an additional child to the family - electricity, food, gas, clothing, miscellaneous medical needs not covered by Medicaid, and recreational and enrichment activities.

## Allowance

The daily rate includes an amount for personal incidentals and allowance. Check the Agency's allowance policy, talk with the foster care worker and with your family to determine the amount and the basis of a regular allowance.

## Determination of Care (DOC) Supplements

When extraordinary care or expense on your part is required to care for a foster child, a determination of care (DOC) supplement to the basic rate may be available. The DOC supplement must be based on what is required of the caregiver, above and beyond what is normally expected to meet a child's needs.

Placement of a child in a specialized foster care home does NOT indicate an automatic need for intensive caregiver involvement. Only the assessment process will determine if DOC level is needed.

DOC payments are NOT for 3rd party care, such as day care, respite care or nursing care.

Situations that may warrant a DOC level include a physically handicapped child who has greater supervision or care needs, a child with psychological or psychiatric needs that involve extra caregiver time or greater amounts of care and attention in the home, a child with a special diet which is more expensive or requires extra time and work to obtain and prepare, or children with severe acting out or antisocial behavior that involves significant amounts of care and attention.

## Clothing

An allowance for incidental clothing needs is included in the basic daily foster care rate. It assumes that a child enters foster care with a basic wardrobe. Workers are to make every effort to get available clothing from the child's own home or previous placement. When a child enters foster care without a basic wardrobe, funds may be available within the first 6 months of placement for reimbursement to the relative or foster parent who purchased clothing, up to the maximum dollar amount based on the child's age.

Semi-annual clothing allowances are issued automatically to provide for seasonal clothing needs. This allowance is sent with the regular foster care payments in March and September.

Special clothing authorizations are made for unusual situations or emergencies. Growth spurts do not justify a special authorization. Emergencies include loss of clothing in a fire or other natural disaster.

Clothing is considered the property of the child and a concerted effort must be made to move all clothing with the child when a change in placement is made.

## ANSWERING A CHILD'S BASIC QUESTIONS

When a child enters foster care it is a confusing and emotional time. Children will experience different emotions, often at the same time, and have questions they need to have answered.

WHY AM I IN FOSTER CARE?

WHEN CAN I GO HOME?

WHERE IS MY MOM OR DAD?

Children in foster care are confused about why they are in foster care and may blame themselves for being removed from their home. They may not understand the reasons they have been given for being in care. For children to understand, information needs to be repeated and given in developmentally appropriate language.

Questions can be hard to answer in a satisfactory way because so often the answer is "We are not sure". Children need to know what is going on with their lives. They need to be told about their family situation in simple and honest language. If you are in doubt about what is appropriate to tell a child and how to convey it, ask the foster care worker.

A good resource to help explain foster care is *Maybe Days: A Book for Children in Foster Care* by Jennifer Wilgocki, Marcia Kahn Wright and Alissa Imre Geis.

## LIFE BOOKS

A Life Book is a book created for a foster or adoptive child that helps the child to understand and make sense of his or her life. The book should include narratives answering basic questions about the birth family, information and events about the child's life before as well as during their foster care experience and any appropriate photographs, especially of birth family members.

Caregivers are expected to start a Life Book for every child in foster care. Much of the needed information will be available from caseworkers. Children and birth parents should also participate in the process. Making the Life Book with the child and with the birth parents is a good way to maintain relationships and to help the child deal with difficult feelings. It is a way to engage children in learning more about themselves as they construct an understanding of their history and identity.

Many agencies have Life Books available for use. A child's Life Book should always stay with the child and be available for them to read and examine often. If a child moves from your home, to return home or to another family, the Life Book must go with the child.

## CULTURAL SENSITIVITY

Creating an atmosphere in your home that recognizes and celebrates diverse cultures and backgrounds will help you be a more effective caregiver.

Even when a foster child comes from a similar culture or race, the child still has a unique background and you will need to be open and sensitive to the differences as well as similarities.

Your licensing agency has already asked you to carefully consider the characteristics of children who may or may not be placed in your home. Age, race, sex, degree of acting out, culture, need for medical care, ethnicity, special educational needs and other common characteristics should have been considered.

By doing the following, you can help your foster child become a stable, happy and healthy individual with a strong sense of identity:

- Be intensely invested in parenting – always be open to new approaches to working with children.
- Tolerate no racially, culturally or ethnically biased remarks.
- Surround yourself with supportive family and friends.
- Appreciate all cultures, races and ethnic groups.
- Talk openly and frequently about culture and race.
- Expose children to a variety of experiences to develop physical, emotional and intellectual skills that build self-esteem.

If you need help to answer the needs of a specific child in your care, especially related to race, culture or background, speak openly with the foster care worker.

## BEHAVIOR MANAGEMENT

The purpose of behavior management, or discipline, is to teach children:

- Rules of the family and of society.
- How to get their needs met without hurting themselves, others or property.
- How to feel good about themselves.
- How to feel good about the person teaching them the appropriate behavior (the person "disciplining" them).



Children placed in foster care may come from situations of neglect, physical, emotional or sexual abuse, chemical dependency, mental illness, domestic violence or poverty. The method of managing their behavior must take into consideration their exposure to violence and their history of inconsistent parenting and neglect. What worked with your own children may not be effective or appropriate with foster children placed in your care.

**IT IS NEVER ACCEPTABLE TO HIT A FOSTER CHILD.** Corporal or physical punishment is prohibited with foster children. This includes but is not limited to hitting with a hand or object, slapping, spanking, pinching, kicking or biting.

The act of hitting or even threatening to hit a child is traumatizing. Even a raised voice or intimidating posture can be traumatizing to a child. All discipline should be aimed at promoting self-control in a child. Hitting a child is punitive and does not promote self-control.

The following is a summary of acceptable discipline techniques:

**Role Modeling:** Children learn more about acceptable behavior by watching adults than in any other way.

**Encouragement:** Use encouragement and praise to promote positive behavior.

- Focus on a child's own evaluation ("You must be proud of yourself!" "How do you think you are doing?").
- Focus on contributions and appreciation instead of judgment ("I appreciate the help you gave me". "Your work sure helps this family").
- Focus on effort and improvement, not winning or competition ("I see the progress you have made". "You have really been practicing hard!").

**Attention-Ignore:** Catch children being good! Children repeat the behaviors that get attention; they give up behaviors that get no attention. Ignoring means not looking at, talking to or responding to the child until the inappropriate behavior ends.

- Don't give eye contact, physical contact, or in any way acknowledge the child while exhibiting unacceptable behaviors.
- Be consistent in your approach. Even with consistency, a child's behavior may increase before it decreases. Inconsistency may intensify the behavior.
- Recognize the child as soon as the unacceptable behavior ends.

**Charts:** If not overused, a chart posted on the refrigerator can help establish good behavior patterns. Keep the charts small and simple and use them for one or two behaviors at a time. Use stickers or stars for each positive behavior. Give rewards for a certain number of stickers/stars. Before you start, determine how you will discontinue the use of the chart.

**Rewards:** Rewards are positive responses to positive behaviors.

- Spending time with a child is often a very meaningful and effective reward for a child.
- Tangible rewards may include choosing part of a meal, money or a toy.
- Privileges allow a child to experience greater freedom or opportunity. Extending bedtime, giving extra playtime, or allowing a child to borrow or use a valued object can be effective rewards, especially when they are connected to the behavior being recognized.
- Supporting interests and talents acknowledges the child's efforts in pursuing interests. Be sure the reward is for participation and effort not performance, talent or ability.

**Consequences:** Consequences are what happen if you do nothing (natural) or can be arranged by a caretaker (logical). A toy that is broken is no longer available. A toy that is used as a weapon can be taken away by a caregiver.

Natural and logical consequences allow a parent to intervene while respecting the child's ability to make decisions. Although consequences rely to some degree on the natural order of life to teach lessons, you might have to arrange for consequences to happen in some instances.

- A natural consequence is a response to a behavior that happens without a parent having to do anything. (When a child does not eat dinner, they get very hungry before bedtime.) Sometimes natural consequences can take a long time to work and a young child may not make the connection.
- Logical consequences require a parent to impose a consequence connected to the given behavior. (If the child leaves the bike out, the parent restricts bike riding the next day).
- Be sure to give a child choices so they can make the decision that results in the consequence. Be calm and firm. Make sure the consequence holds meaning for the child.
- Be patient and don't jump in to "save" the child from the consequences.

**Time Out:** Sometimes children need time to calm themselves down. When it is used sparingly and consistently, time out will teach the child what behaviors are not allowed.

- Remove the child from a situation that is dangerous or where the child's behavior is unacceptable. They do not have to be removed from the room.
- Time out is not punishment, but a lesson about calming down.
- Provide an opportunity for the child to change their behavior before giving a time out.
- Tell the child how long the time out will be and that it will begin when the child is quiet.
- Generally, time out should not be more than 1 minute for each year of the child's age.
- Ignore the child's behavior during time out.
- At the end of the time, reinforce that it is the behavior that was not acceptable, not the child.
- After the time out, focus the child on a positive activity.

**Setting Limits:** Children need to know where the limits are and that these limits stay the same all the time. They feel secure when they know where the boundaries are set and they will test them frequently.

Family rules provide predictability, consistency and stability. They can be used to prevent problems from happening or respond to them when they do occur.

- Prioritize and establish a few rules that are important to the well-being and safety of the family.
- Make sure children understand the rule and why it is a rule.
- Make rules clear, positive and action oriented.
- Make sure children understand the exceptions to the rule, if any, and have the rules "grow" with the child.
- Only make rules you can enforce over time.
- Be consistent – posting the rules helps everyone remember them!

**Modifying the Environment:** Changing or restructuring a child's environment can help a child succeed, remain safe and build a child's self-control.

- Organize to help children learn to sort, pick up and find their own things.
- Enhance the environment with age appropriate items like posters, books, wall hangings and toys.
- Soothing involves limiting the sources of stimulation in the environment like light, noise, activity and bright colors. Soothing is particularly important for some infants, hyperactive children or autistic children. For a child from a violent background, soothing would involve eliminating violent games, toys, movies and TV programs.
- Redirecting structures activities to occur in a different way. Establishing certain rooms for certain activities and exchanging a safe item for an unsafe item are forms of redirecting.
- Childproofing makes a child's world safe. It is the job of children to touch and explore and childproofing helps them to learn that job well while maintaining safety.

**"I-Message":** It is helpful to make children aware of how we feel, but leave responsibility for behavior change with the child. A proper "I-message" identifies the behavior, how it makes you feel and the concrete impact it has on you. For example, "When the music is that loud, I get upset because I can't hear the person on the phone."

Managing Lying: When a child lies, a parent should ask themselves the following questions prior to responding:

- What might be the reason for lying?
- What need(s) is the child attempting to meet?
- Are there certain situations in which the lying occurs?
- Are my feelings/reactions a clue to why the child might still be lying?
- Should I gather more information before responding?
- Are my actions unintentionally encouraging lying –
- Are the rules too strict?
- Am I overprotective?
- Am I invading the child's privacy?
- Do I tell lies or encourage any form of lying in front of the child?

Consider the following list of responses:

- Explain the effects of lying on trust and how hard it is to live together and get along without trust.
- Understand that lying is a common behavior.
- Use reflective listening to show your understanding of the child's underlying needs.
- Assist the child in meeting the needs without addressing the lie (exploring alternatives, problem solving, etc).
- Ignore the lie and show appreciation when the child does not lie to meet a specific need.
- Use an I-message to share your feelings about the behavior and describe the effects of it on your and others.
- Give the child accurate information so the child won't have to rely on imagination to fill in any gaps.
- Don't overreact by calling the child a liar.
- Focus on solutions instead of blame.
- Respect a child's privacy when they don't want to share it with you.
- Help children understand that mistakes are opportunities for learning.
- Use consequences related to the original wrongdoing.

Reduce future problems:

- Don't ask set-up questions that invite lying.
- Set an example in telling the truth. Talk about times when it was difficult but you decided to maintain your self-respect and deal with the consequences of telling the truth.
- Let children know they are unconditionally loved.
- Show appreciation when the child tells the truth, acknowledging when it might have been hard.
- Focus on building closeness, openness and trust in your relationship.
- Be sure the child knows you don't accept lying and the reasons why.
- Distinguish between what you would like to know about a child's behavior and what you have to know.
- Rather than trapping a child in the lie, focus on the reason for the lie.
- Establish and clearly communicate expectations, limits and rules and enforce them.

These are only a few suggestions of positive behavior management interventions. Every child and every situation is different. All, some or none of the techniques above may work for you. This list is not exhaustive and you should always seek out as much training and education in areas of child development, behavior management, and discipline as you possibly can.

## PLACEMENT/REPLACEMENTS

Every time a child has to be placed outside the home or replaced from a caregiver's home, many factors must be evaluated to ensure that the placement is safe and in the child's best interests. In no case is any one factor to be given sole consideration.

## PLACEMENT

When a child is removed from the parental home, consideration is given to related caregivers. If there are no appropriate related caregivers at the time placement is needed, the agency must seek the "least restrictive

licensed placement.” This means a family-like setting that allows the child to have easy access to family visitation and remain in the same area and school if at all possible. Efforts will continue, after placement is made, to identify and study relatives for possible future placement.

Every effort shall be made to maintain the stability of a foster care placement. If the child’s needs are not met or the current placement is considered harmful to the child, replacement may be necessary.

## REPLACEMENT

Any time there is a decision to move a child, a Team Decision Making meeting will be held, preferably before the move, to discuss the child’s needs, services and to provide continuity of relationships and services. It is expected that the current caregivers will attend and participate in this meeting.

### Agency Decisions

If a child is placed into a licensed home at initial placement, the agency may move the child within the first 30 days to another licensed home or within the first 90 days to a related caregiver without appeal from the caregiver.

After the above deadlines, if an agency wishes to move a child, unless the move is to return a child to the parent, a caregiver, whether licensed or unlicensed, has a right to:

- Notification of the intent to move the child 14 days prior to the intended date unless the child’s health or safety is jeopardized.
- Appeal the decision to the Foster Care Review Board.

In addition to a court ordered return home or the caregiver’s own request that a child be removed, a child may be moved by the agency for the following reasons:

- The agency has reasonable cause to believe that the child has suffered sexual or physical abuse or there is a substantial risk of harm to the child’s emotional well-being within the caregiver’s home (an appeal does not stop the move and the child should be removed immediately)
- It is in the child’s best interests to move because the child’s needs are not being met (child should not be moved until the end of the 14 day notice unless both parties agree to an earlier date).

The agency provides the 14-day notice to allow time for the family to consider an appeal and for that process to occur, and to allow time for the caregiver and child to transition to the next placement.

If you choose to appeal a move:

1. Within 3 days of receipt of notice from the agency, you must contact the Foster Care Review Board at 1-888-866-6566.
2. Prepare a written appeal to present to the Foster Care Review Board at the hearing.

The Foster Care Review Board will conduct an investigation of the reasons for the move within 3 days of receiving the appeal notice by phone. The Foster Care Review Board will present their findings and recommendations to the caregivers and the agency. While the appeal is in process, the child will not be moved.

- If the board supports the decision to move the child, the child will be moved on the intended date.
- If the board does not support the decision to move the child, the court or MCI superintendent (for state wards) will be contacted and need to make a decision within 14 days. The court will hold a hearing before making a decision. The child will stay in the placement until the court or MCI superintendent has rendered a decision regarding the placement.

### Family Decisions

When you agree to care for a child, every effort should be made to maintain the child’s placement. If problems begin to arise it is imperative to keep the caseworker and supervising agency informed so that appropriate

services can be put into place to support the placement. If there is any thought that the child's placement may not work out with the current services in place, request a meeting with the agency to discuss other options to maintain the child's placement.

If you decide that a child should be moved from your home, you must provide at least 14 days WRITTEN notice to the supervising agency. Some agencies have policies requiring a longer notice. This notice allows the agency time to meet with the involved parties to determine the needs of the child and to find an appropriate new placement. It also provides time for the transition to the new placement.

If an emergency arises within the family so that the physical or emotional care of the child can no longer be provided, the above notice requirement is waived.

### **Return Home**

The return home is generally a planned event with increased visitation preceding it. Time is given for the family to help the child prepare for reunification and the mixed feelings the child will be experiencing. A Team Decision Making meeting will be held prior to the child's return home to determine the visitation plan, continuity of services, educational needs and to provide opportunity for continuity of relationships. The caregivers are expected to attend and participate. Gradually having the child take their belongings to the parental home during visits is one way to help this transition. An ongoing supportive relationship with the parents is another way to help the child work on the transition.

When a child returns home, all of the child's belongings should go with the child. This includes at a minimum:

- All appropriate clothing.
- Clothing that has sentimental value.
- Toys and personal belongings.
- Photographs and Life Book.
- School and activity momentos.
- Items the child received as gifts.
- Items purchased by the family specifically for the child.
- Allowance and or savings.
- All items on the child's list of valuables.
- Any unspent money from a clothing allowance.

Every effort should be made to secure appropriate suitcases, bags and boxes to move a child's belongings. A child should be given a way to retrieve forgotten items as well.

At this time the family is also encouraged to return the child's reports and information supplied by the agency so that it can easily be passed on to the new placement.

### **EMOTIONAL IMPACT**

Any time a child leaves a home, for whatever reason, there is a big emotional impact for both the child and the caregivers. The child will need time to grieve the loss of your family, home and community. They will need the opportunity to express their concerns and fears about the next placement.

No matter the reason the child is leaving, you may worry and be anxious about that child's future. You will be dealing with your own feelings of loss at a time when you are needed to help a child deal with their issues of change and loss. It may be necessary to put your feelings aside in order to help make the move as easy as possible for the child. Your supportive position will help give the child "permission" to move on.

When a child enters your home, the child will continue to need room to grieve the loss of the previous family. The following are available resources:

“A Child’s Journey through Placement” by Vera Fahlberg and “Professional Parenthood: A Guide for Foster Care” by Vincenette Scheppler.

### **TAKING A BREAK FROM FOSTERING**

Your decision to stop providing foster care can be just as important as your decision to first become a foster family. When deciding whether to take a break from fostering, consider the following:

- What has changed to bring you to this decision?
- Are you comfortable with the foster children currently in your home? It is okay to acknowledge that the children’s needs may now be more than you can handle or even choose to handle.
- Are you in need of a temporary or even permanent break from providing foster care, either after a long career or following a particularly stressful placement? Continuing to provide foster care when you are physically or emotionally drained can be harmful to you and to those children dependent on your care. Continuing to provide foster care under these circumstances just to “help a worker” is inappropriate.
- Have your needs or your family’s needs changed? Do your own children demand more care? Have other circumstances changed that make it difficult to also provide foster care? If your providing foster care contributes to these conflicts, then you should consider discontinuing foster care at this time. If your circumstances change and you are again able and interested, you may then resume your role as a foster parent.



## IMPORTANT ISSUES EXPRESSED BY THE YOUTH OF TOMORROW

As part of Michigan's support of foster care youth, numerous youth boards have been formed across the state. They are comprised of and led by the youth in foster care or alumni of the system and supported by Michigan Youth Opportunities Initiative. Youth boards work at the county level and at the state level to raise awareness about issues affecting older youth in foster care.

Changing Today for the Youth of Tomorrow (CTYT) is the Washtenaw County youth board. These youths shared their ideas, concerns and stories. They want foster parents to know what skills and attitudes they feel foster parents should have in order to work with children of all ages.

### BIRTH FAMILIES

If I could tell you what I need from you it would be:

- Have some communication with my family.
- Be open to personal contact with my family members.
- Show respect for my family members.
- Use your best manners in dealing with my family.
- Don't let me feel alone by not letting me communicate with or see my family.
- Don't talk "mess" about my family.
- Don't stop me from trying to find my parents if I'm old enough, be open to helping me – if you don't know how, ask someone.

Some foster parents might not be willing to do this, thinking "They are in my house, their parents obviously did not want to take care of them, so why should I help them?"

Consider how you would feel if your child was taken from you, or you had to give up your child.

### FOSTER FAMILIES – THE PROBLEMS WITH LIVING WITH FOSTER PARENTS

If I could tell you what I need from you it would be:

- Listen attentively to me and give good advice, as if I was your own.
  - Be considerate of how I feel:
  - Be caring and willing to help.
  - Share hugs and affection.
  - Spend time alone with me everyday.
  - Call me if you know you are going to be late.
- Try to notice the good things I do and don't dwell on the bad things.
- Reward me by taking me out to dinner, or buying me something new that I want. Small gifts show me that you care.
- Give me a weekly allowance.
- Don't lie to me.
- Don't use the foster care money for other purposes.
- Don't invade my privacy. Don't read my emails or listen to cell phone messages without permission.
- Don't try to force religion on me to control me.
- Don't always try to put me in therapy.
- Don't flip out over the little things.
- Don't punish me for lying and then lie to the worker yourself, or tell me to lie about what you do or don't do.
- Don't curse all the time. I deserve respectful language and need someone to model it for me.
- Don't act perfect with the workers and then act crazy with me when the workers aren't around.
- Don't take in youth if you don't like youth.
- Don't do this for the money.

Be open-minded:

- Actually consider what the youth is saying.
- Speak! Respond to what youth say with positive comments.
- Listen! Don't just pretend to listen by waiting until the youth stops talking and then saying what you want to say.

## PROPER TREATMENT OF YOUTH

If I could tell you what I need from you it would be:

- Listen to my point of view when there is a disagreement.
- Don't engage in confrontation.
- Take anger management classes so you don't take it out on me.
- Don't be too close minded.
- Try not to be overprotective.
- Let me live and learn from my mistakes. BUT be there when I make a mistake and don't rub it in my face.
- Don't try to batter me until I tell you how I'm feeling, because I'll get stubborn and won't do it.
- Show you care and enjoy being with me by doing fun things with me.
- Compliment me.
- Be genuinely interested in me.
- I am not a miniature adult--don't expect me to buy my own food and own clothes or to pay rent.
- Don't take me to Goodwill or other thrift stores to get my clothes.
- Don't make me feel guilty because you bought something that you should have bought anyway.
- Don't abuse me--emotionally, physically, sexually. And don't let others do it either.

Remember that we are YOUTH and not PETS.

## FEELINGS OF THE YOUTH

If I could tell you what I need from you it would be:

- Listen to me.
- Ask me how I feel about things. Be genuinely interested.
- Show the same amount of love and affection to me as you do to the other kids or even just the family members that come over.
- I need your commitment, love, care, and compassion.
- Don't treat me like a stepchild--like if there are other kids in the house. Treat me like a human being and a child that needs support and care.
- Don't make me do extra chores or go to bed extra early just because I'm in foster care.
- Don't buy presents for just your kids and not me.
- Don't buy cheaper presents for me.
- Don't make me feel guilty because you bought me something that was really expensive like a computer for college classes.
- Don't cuss at me and make me feel terrible about myself.
- Don't ignore me because you are mad at me.
- Don't do things that you know will hurt me.
- Don't abandon me – never forget to pick me up.

Reflect on how you would feel in the youth's shoes. Don't embarrass them by calling them a "foster child."  
Don't "tell all their business".

Show you care about the child's opinion. Be open to discuss things and once you say no, be open to changing your mind.

Rejoice when you see the child happy.



## ADOPTION

Adoption is defined in Black's Law Dictionary as the "Legal process pursuant to state statute in which a child's legal rights and duties toward his natural parents are terminated and similar rights and duties toward his adoptive parents are substituted. To take into one's family the child of another and give him or her the rights, privileges, and duties of a child and heir."

Adoption is the preferred permanency goal following termination of parental rights. When a child's plan is adoption, efforts must be made to place the child as quickly as possible with a family who best meets the needs of the child. When the child's permanency plan changes to adoption, a Team Decision Making meeting will be held to address placement issues, continuity of services, educational needs, and to provide opportunity for continuity of relationships. The caregivers are expected to attend and participate.

### ROLE OF ADOPTION WORKER AND FOSTER CARE WORKER

Following termination of parental rights, a referral is made to the agency's adoption unit and the child is assigned an adoption worker. While the foster care worker retains primary responsibility for the child's case (monthly visits, services to the child, reports, etc.), the adoption worker is responsible for completing the legal process of adoption (adoption assessments, subsidy requests, consent requests, legal paperwork, quarterly visits, etc.).

### HELPING THE CHILD TO UNDERSTAND

A child's caregiver will be the primary person involved in helping the child understand the impact of termination of parental rights. Other available resources are:

- The foster care worker.
- The child's adoption worker.
- The child's therapist.
- Books, such as "A Child's Journey Through Placement" by Vera Fahlberg and "Why Was I Adopted?" by Carole Livingston.

### MAKING THE DECISION FOR A LIFETIME COMMITMENT

When the foster care worker advises the caregiver that a termination petition has been filed, it is time for the caregiver to start considering whether to adopt the child and what that will mean.

Considerations:

- Adoption is for life! Just as with birth children, there are no guarantees!
- Each child will come with his/her own unique history.
- How will the adoption of this child impact on your nuclear and extended family? Friendships? Retirement planning? Etc.
- Will it be in the child's best interest to maintain relationships with his/her biological family? Siblings?
- What will the financial impact be? (i.e.: may lose financial eligibility for daycare services, counseling services; loss of foster care payments, etc.)
- What supports will be available after adoption?

### BEGINNING THE ADOPTION PROCESS

#### Child Adoption Assessment

- The purpose of the child's adoption assessment is to provide an accurate and comprehensive description of the child, including the child's special needs and history. The assessment will be used to:
- Match a child who is available for adoption with a family whose abilities to parent are well suited to the child's needs and characteristics.
- Provide the child with a reliable source of history and information about himself/herself;
- Help the adoption worker identify an adoptive family for the child.

One area that must be included in the Child Adoption Assessment is referred to as the “Best Interest Criteria”. This section includes

- Information about the special physical, emotional, and educational needs of the child,
- Identification of the child’s siblings and their current location, (Consideration is given to whether placement with siblings is possible and in the child’s best interest.)
- A description of any significant relative relationships,
- The importance of continuity of current relationships,
- Any religious preference.
- The child’s wishes regarding adoption and characteristics of potential adoptive family,
- Any other factors specific to this child.

#### Adoption Application

A family wanting to adopt a child must complete an adoption application. Form DHS-3153A, Adoption Application, may be used for this purpose. Private adoption agencies may use their own form, provided it includes all required information contained in DHS-3153A, Adoption Application.

#### Adoption Family Assessment

For each family who has applied to adopt an available child, the assigned adoption agency will complete a written home study or family assessment that includes the family’s strengths and weaknesses, a description of their family history and the type of child the family would like to adopt. This report must be completed before the family can be seriously considered for a specific child. If adoption by a foster parent or relative who has been providing care is planned, an update of the foster home licensing study or the relative home study that was done prior to the child’s foster care placement may be sufficient.

#### Adoptive Family Selection

A family with whom the child has established an attachment or relationship, such as relatives or foster parents, must be given consideration when they express interest in adopting. A recommendation for a child to be placed with an identified adoptive family must be based on a careful evaluation of the family’s ability to meet the child’s needs. Selection of a family for adoption of a specific child is based upon an assessment of the family’s overall ability to meet the identified needs of the child.

#### Exclusions from Consideration

The Michigan Adoption Code prohibits placement of a child with a prospective adoptive parent if the agency or court has reliable information that the prospective adoptive parent has been convicted under MCL 750.145a or 750.145c (enticing, promoting or participating in child sexual activity or material) or MCLA 750.520b through 750.520g (criminal sexual conduct).

The Adoption and Safe Families Act (ASFA) prohibits Title IV-E funding for the adoptive placement of a child with a person who has been convicted of felony child abuse or neglect or felony criminal activity against children (including child pornography).

#### Competing Parties

When two or more families are interested in adopting the same child, each family will be considered. If all assessed families are approved based on policies that apply to adoptive applicants, the reasons for selection of prospective parents for the child must be documented and based on which family meets the best interest criteria developed for the child as reflected in the child’s adoption assessment.

#### Recruitment

When the supervising agency does not have an approved family for an available child (i.e., there is not an interested or approved foster parent or relative family), efforts must be made to locate/recruit an approved family using all available resources. This shall include contacting other local DHS offices or private adoption agencies.

## MARE

The Michigan Adoption Resource Exchange (MARE) is a contracted adoption recruitment program that is a cooperative effort between Family Services and Children's Aid and DHS. The MARE office provides a variety of services with the goal of matching waiting children with identified families. These services include:

- A photo listing and website ([www.mare.org](http://www.mare.org)) of waiting children.
- A tracking system for permanent court and state wards with a goal of adoption.
- An information and referral source for families who wish to consider adopting.
- Involvement in special recruitment events throughout the state.
- Publication of newsletters for families and workers.
- Pre-adopt training for families.

## Adoption Subsidy Program

The State of Michigan administers three adoption subsidy programs: Adoption Support Subsidy, Adoption Medical Subsidy, and the Non-recurring Adoption Expenses Reimbursement program.

The purpose of the support and medical subsidies is to remove financial barriers to the adoption of Michigan foster children with special needs. The purpose of the Nonrecurring Adoption Expense Reimbursement program is to assist in paying the out-of-pocket expenses of adoption of special needs children. Based on each individual child's situation and needs, one or more of the subsidy benefits may be available to support their adoption. Some children do not qualify for any subsidy program based on their individual circumstances. Subsidy is available without respect to the income of the adoptive parent(s).

**Adoption Support Subsidy** – this is a money grant program intended to assist with the payment of the expenses of caring for and raising the child in certain defined and limited ways. It is not intended to meet all the costs of raising the child. Adoptive parents retain financial and decision-making responsibility and authority for their child. Eligibility must be determined before the petition for adoption is filed. By law, Adoption Support Subsidy monthly payments are based on the payment rate that the family received on behalf of the child prior to adoption. If the child has, or is eligible for, income from other sources (Social Security benefits, Veteran's benefits) the amount of the monthly Adoption Support Subsidy payment may be reduced.

**Adoption Medical Subsidy** – this program is intended to assist in paying for medical costs for adopted children who have an identified physical, mental, or emotional condition which existed, or the cause of which existed, before the adoption petition was filed. It does not cover routine expenses or typical childhood illnesses. Eligibility may be determined before and/or after the adoption.

**Nonrecurring Expenses** – this program may reimburse adoptive parents for up to \$2000 of nonrecurring expenses related specifically to the adoption (such as court filing fees). Eligibility for reimbursement of these expenses is determined prior to adoption finalization.

## Completing the Adoption Process

### Subsidy Determination

The Adoption Subsidy Program office of DHS administers the adoption subsidy programs and makes all decisions regarding eligibility. Prior to completion of the adoptive family assessment, the adoption worker will provide prospective adoptive families with DHS Publication 538, Adoption Subsidy Program Information Guide. Application for Adoption Support Subsidy must be made prior to the filing of a petition to adopt.

### Consent

Following completion of the Child Assessment, the Adoptive Family Assessment(s), and the Adoptive Family Selection process, the adoption worker will make a recommendation for consent to either the court (in the case of permanent court wards) or the Michigan Children's Institute (MCI) Superintendent (in the case of state wards committed to DHS). Consent is the legal term used to describe "approval" or "permission" for the adoption. Following the agency's recommendation for consent, the court or MCI Superintendent will grant consent for adoption.

### Adoption petition

Once consent is granted, an adoption petition is filed with the court. The legal petitioner(s) in an adoptive proceeding is/are the prospective adoptive parent(s). The adoption worker will assist in preparing the petition. The placing agency or the family's attorney has the responsibility of preparing the legal documentation for adoption unless prepared by the court. Required documentation and procedures may vary from court to court.

### Placement

If the court approves the adoption, the court will issue an "Order Placing Child After Consent" allowing the child to be moved to the pre-adoptive home. If the child is a state ward, the court will also issue an order terminating the rights of the MCI Superintendent. At this point, if the child was receiving foster care payments, the foster care payments will be discontinued and if the child is eligible, subsidy payments will begin. (Be prepared for a 1-2 month lag time between the end of one and beginning of the other payment source). The adoptive parents are authorized to begin making decisions about the child, such as decisions regarding medical care.

### "Legal Risk" adoptions

The adoption code permits placement of a child during the period when there may be a pending appeal of an order terminating parental rights. Such a placement is referred to as a "legal risk" adoption. The court may not finalize the adoption until all appeals have been resolved.

### Supervision

Michigan law provides for a six-month period of adoptive supervision after the adoption petition has been filed. The court determines the length of time of post placement supervision. The normal period of supervision is six months. However, upon a motion from the petitioner, the court may waive the six-month supervisory period, or any portion of that period, if considered in the best interests of the adoptee. The period of supervision may be extended for an additional period of time not exceeding 18 months. If an appeal is pending [by the birth parents], the supervisory period is extended until the order terminating parental rights is affirmed. During this supervisory period, the agency will submit a written report of progress to the court every three months. The final report must summarize the child's adjustment in the home and make a recommendation regarding finalization.

### Order of Adoption

When the adoption is confirmed/finalized, the court will issue a final "Order of Adoption." The adoptive parents become the child's legal parents and the child is entitled to the "rights, privileges, and duties of a child and heir" of his/her adoptive parents.

### New Birth Certificate

Upon notification that the family court has finalized the adoption, the Department of Community Health (DCH) will issue a new certificate of birth. The cost of the new certificate is the responsibility of the adopting family.

### New Social Security Number

Upon finalization of the child's adoption, the adoptive family will be referred to the Social Security Administration for issuance of a new Social Security Number for the child. The adoptive parents will need a copy of the child's new birth certificate in order to apply for a new Social Security Number. If a child has had previous filings on their behalf with the Social Security Administration (SSA), a new number will not be issued. The changes in the child's name and contact information must be updated in the SSA system. This must be done before filing household income tax listing these children as dependents.

### The Financial Impact of Adoption Subsidy

As previously stated, based on a child's individual circumstances, one or more of the subsidy benefits may be available to support his/her adoption. The adoptive family's income does not affect subsidy program eligibility. Publication DHS-538 "Michigan's Adoption Subsidy Programs" and the child's worker can provide more details.

#### Daycare payments

Following the Order Placing Child After Consent by the court, the caregiver's eligibility for daycare payments from the DHS will be affected and the family must financially re-qualify to continue receiving benefits. Contact your daycare worker for more details.

#### Medicaid

Medicaid eligibility for the child may be continued after the adoption is finalized. The Adoption Subsidy Program Office determines whether or not a child qualifies for Medicaid through the subsidy program. Not all children who receive adoption subsidy will qualify for Medicaid through the subsidy program.

#### FIP (For relative providers)

Eligibility for FIP (Family Independence Program) grants for relative caregivers generally ends when termination of parental rights occurs and the child becomes a permanent court or state ward. At that time, relative providers are eligible to receive payments for the child, which are equal to foster care payments.

#### Tax Implications

Families with specific tax questions, or requests for information about how adoption (including subsidy payments) affects their income tax, should consult with the Internal Revenue Service, the Michigan Department of Treasury, or their tax professional.

## RESOURCES

As a caregiver for children placed in foster care, it is vitally important that you be open to new information, new ideas, new approaches and as much information as possible. There are numerous resources available in print, on the internet, on video/DVD, in classrooms and even in casual conversations with other caregivers. There is information for caregivers, children and youth, workers and birth parents. Below are a few recommended resources. When you find a new resource, be sure that the information it provides matches the licensing rules and the policies of your agency.

### ASSOCIATIONS

Michigan Association for Foster, Adoptive and Kinship Parents (MAFAK)  
P.O. Box 746, Mt. Clemens, MI 48046-0746 Phone: 989-733-4527  
[www.mafak.net](http://www.mafak.net)

### BOOKS AND TAPES

#### Foster Care

“A Child’s Journey Through Placement” by Vera Fahlberg, Perspectives Press

“Welcome Home: A Guide for Adoptive, Foster and Treatment Foster Parents” by Christopher J. Alexander, Ph.D

“Another Place at the Table” by Kathy Harrison

“Practical Tools for Foster Parents”

By Lana Temple-Plotz, M.S., Ted P. Stricklett, M.S., Christena B. Baker, M.S.W., and Michael Sterba, M.H.D, Boystown Press

Video Library by Vera Fahlberg

“Fostering Families Today” magazine - To subscribe or to request a free sample copy, call 1-888-924-6736 or write: Louis & Company, 541 E. Garden Drive, Unit N, Windsor, CO 80550.

#### Parenting and Discipline

Parenting With Love and Logic – series, Love and Logic Institute

“1-2-3 Magic: Effective Discipline for Children 2-12” by Thomas W. Phelan

“How to Talk So Kids Will Listen & Listen So Kids Will Talk” by Adele Faber, Elaine Mazlish

“Without Spanking or Spoiling: A Practical Approach to Toddler and Preschool Guidance” by Elizabeth Crary

“Kids, Parents, and Power Struggles: Winning for a Lifetime” by Mary Sheedy Kurcinka

“Sign with Your Baby Learning Kit” by Joseph Garcia (video and book set)

#### For Children

“Maybe Days: A Book for Children in Foster Care” by Jennifer Wilgocki, et al

“Mama One, Mama Two” by Patricia MacLachlan, Ruth Bornstein

“The Star: A Story to Help Young Children Understand Foster Care” by Cynthia Miller Lovell



“My Foster Family” by Jennifer Levine (CWLA)

“Zachary’s New Home: A Story for Foster and Adopted Children” by Geraldine M. Blomquist, Paul B. Blomquist

## **INDIAN CHILD WELFARE RESOURCES**

### **Non-fiction**

“Drumbeat... Heartbeat: A Celebration of the Powwow” by Susan Braine  
A photographic celebration of the traditional Native American powwow

“The Mishomis Book: Voices of the Ojibway” by Edward Benton-Banai.  
Available through Oyate  
The oral teachings and culture of the Ojibway people

“People of the Three Fires” by James A Clifton, et al,  
Historical and cultural information on the Ottawa, Potawatomi and Ojibway tribes of Michigan

“Rainy’s Powwow” by Linda T. Raczak  
Young girl dances at first powwow and learns importance of listening to her heart

“Shannon: An Ojibway Dancer” by Sandra King  
Photographic essay of a young Ojibway dance including traditions behind the dance regalia

“We Are All Related: A Celebration of Our Cultural Heritage” by children of the GT Cunningham Elementary School in Vancouver BC, Canada  
Children’s art and word expressions of culture and ancestry

### **Juvenile Fiction**

“The Arrow Over the Door” by Joseph Bruchac  
Story of young Abenaki Indian boy during American Revolution and his encounter with a group of Quaker settlers.

“The Birchbark House” by Louise Erdrich  
Story of one year in the life of a 7-year-old Ojibwe girl in the Lake Superior Region in 1847.

“Children of the Longhouse” by Joseph Bruchac  
Story of 2 Mohawk siblings in late 1400’s making peace with an older, hostile, Mohawk youth

“Dog People, Native Dog Stories” by Joseph Bruchac  
Stories of Abenaki people and the dogs of their everyday life of 10,000 years ago

“Eagle Song” by Joseph Bruchac  
Story of 4th grade boy raised on Mohawk reservation and his encounter with Native American stereo types in New York City

## **FINANCIAL RESOURCES**

See DHS Pub. 457, Relative Caregiver Resources & Responsibilities

Women, Infants, Children (WIC)

WIC offers food assistance and nutrition counseling for children ages birth to 5 years. Foster children as a family of one and income of zero are eligible for this program that provides coupons for food including formula for infants or milk, eggs, cheese, peanut butter, juice and cereal for children ages 1-5. Contact your local Public Health office for more information.

### Child Development and Care (Day care)

Caregivers may apply at the local DHS office for day care payment assistance through this program. It is not an automatic benefit and caregivers must follow the application process. Licensed foster parents and relative caregivers may be eligible. This program does not locate the child care facility and only pays the state rate of payment, not necessarily the entire amount the child care facility charges.

### Education and Training Voucher Program (ETV)

The ETV program allows Michigan to provide up to \$5,000 per year to a student in an accredited program at a college, university or training program.

A youth must meet the following criteria:

Youth was in foster care on or after their 14th birthday because of abuse or neglect or

Youth was adopted from foster care on or after his/her 16th birthday (if adopted prior to 16th birthday youth is NOT eligible).

Youth has a high school diploma or GED

Youth is under the age of 21. If the youth participated in the ETV program before his/her 21st birthday, eligibility continues until age 23 provided youth receives at least a 2.0 GPA.

Youth must attend an accredited school at least half time. Accredited means that the school awards a bachelor's degree or not less than a 2-year program that provides credit towards a degree, or provides training toward gainful employment or is a vocational program that provides training for gainful employment and has been in existence for at least two years.

The ETV covers the following school related expenses: tuition and fees, room and board, student loans, books and school supplies, transportation, personal, computer/supplies, miscellaneous personal expenses, health care expenses, child care.

Youth can get an application at: Local DHS office, online at [www.mietv.lssm.org](http://www.mietv.lssm.org) or by calling 1-877-660-METV. What youth must have to apply: ETV application, ETV student education agreement, ETV budget form, ETV financial aid release form, copy of high school diploma or GED, copy of class schedule/enrollment, grade point average of 2.0, copy of financial aid package, copy of cost of tuition, and evidence school is accredited.

Who to contact with any questions: Call the local county DHS office and ask to set up an appointment with your foster care worker.

### Youth in Transition (YIT)

Youth in Transition (YIT) is a funding source available to cover expenses related to developing independent living skills. Examples of covered expenses include first month's rent and security deposit, start up goods, educational expenses, vocational training expenses, and transportation.

Eligible youth include active foster care cases (placed out of their home based on abuse and neglect) starting at age 14 and up to age 21 and closed foster care cases of youth placed out of their home on or after their 14th birthday, even though no longer under DHS supervision, ages 18 to 21. Youth with open cases can access funds through their foster care case manager. Youth must apply for closed case services in their current county of residence through the local DHS office.

Tuition Incentive Program (TIP) – Help with college tuition may be available through the State of Michigan, Department of Treasury. Call 1-888-4GRANTS for eligibility requirements. Application must be made before high school graduation.



## COMMUNITY RESOURCES

Many caregivers have located community resources to support their work such as:

- Scholarships or discounts for community recreation programs and pool use
- Camp scholarship programs for summer overnight camps
- Boys and Girls Clubs for mentoring and positive after school activities
- SafeKids organizations for car seats for a donation and lessons for correct carseat installation
- Free tutoring at local public libraries.

Churches are also a good resource for support. Many have support programs such as mentoring, youth programs and food support programs.

## RELATIVE CARE RESOURCES

Kinship Care Resource Center 1-800-535-1218 offers local and statewide information for relative caregivers.

AARP The American Association of Retired Persons' website ([www.aarp.org](http://www.aarp.org)) provides information for grandparents and other relatives raising children.

## INTERNET RESOURCES

The State of Michigan website ([www.michigan.gov](http://www.michigan.gov)) has information regarding state programs as well as access to program manuals, foster parent forms and publications, licensed childcare facilities, and rules and regulations.

Internet sites are available for parenting, foster parenting, adoption, discipline, foster youth, foster parent associations and even foster parent training. Any of these topics can be used as a keyword for use with internet search engines to find a wealth of information.

## APPENDIX

- A: Child Protection Law (DHS-Pub 3)  
[http://www.michigan.gov/documents/DHS-PUB-0003\\_167609\\_7.pdf](http://www.michigan.gov/documents/DHS-PUB-0003_167609_7.pdf)
- B: Public Act 116 of 1973, as Amended (DHS-Pub.-14)  
[http://www.michigan.gov/documents/Public\\_Act\\_116\\_amendments\\_for\\_child\\_care\\_homes\\_144869\\_7.pdf](http://www.michigan.gov/documents/Public_Act_116_amendments_for_child_care_homes_144869_7.pdf)
- C: Licensing Rules for Foster Family Homes (DHS-Pub-10)  
[http://www.state.mi.us/orr/emi/admincode.asp?AdminCode=Single&Admin\\_Num=40009101&Dpt=HS&RngHigh=](http://www.state.mi.us/orr/emi/admincode.asp?AdminCode=Single&Admin_Num=40009101&Dpt=HS&RngHigh=)
- D: Licensing Rules for Child Placing Agencies (DHS-Pub-11)  
[http://www.state.mi.us/orr/emi/admincode.asp?AdminCode=Single&Admin\\_Num=40012101&Dpt=HS&RngHigh=](http://www.state.mi.us/orr/emi/admincode.asp?AdminCode=Single&Admin_Num=40012101&Dpt=HS&RngHigh=)
- E: Children's Ombudsman Act (P.A. 204)  
[http://www.legislature.mi.gov/\(S\(ui1ottfi2mdkhhzetzmeuu55\)\)/mileg.aspx?page=getobject&objectname=mcl-Act-204-of-1994&queryid=16190243&highlight=Childrens%20ombudsman%20Act](http://www.legislature.mi.gov/(S(ui1ottfi2mdkhhzetzmeuu55))/mileg.aspx?page=getobject&objectname=mcl-Act-204-of-1994&queryid=16190243&highlight=Childrens%20ombudsman%20Act)  
Enrolled House Bill No. 4096 <http://www.legislature.mi.gov/documents/2003-2004/publicact/htm/2004-PA-0560.htm>
- F: Incident, Accident, Illness, Death or Fire Report (DHS-Pub-4603)  
[http://www.michigan.gov/documents/OCAL-4603\\_11\\_04\\_113036\\_7.pdf](http://www.michigan.gov/documents/OCAL-4603_11_04_113036_7.pdf)
- G: Report of Actual or Suspected Child Abuse or Neglect (DHS-3200)  
[http://www.michigan.gov/documents/FIA3200\\_11924\\_7.pdf](http://www.michigan.gov/documents/FIA3200_11924_7.pdf)
- H: Medical Passport (DHS-221)
- I: Youth Health Record Initial Physical (DHS-1662)
- J: Youth Health Record Yearly Dental (DHS-1664)
- K: Clothing Inventory Checklist (DHS-3377)  
[http://www.michigan.gov/documents/FIA-3377\\_61673\\_7.pdf](http://www.michigan.gov/documents/FIA-3377_61673_7.pdf)
- L: Foster Care Rate Schedule (CFF 905-3)  
<http://www.mfia.state.mi.us/olmweb/ex/cff/905-3.pdf>
- M: Determination of Care Forms
- DHS-470 (Assessment for Determination of Care for Children in FC – ages 0-12 years)
  - DHS-470A (Assessment for Determination of Care for Children in FC – ages 13 and over)
  - DHS-1945 (Assessment for Determination of Care for Medically Fragile Children in FC )  
[http://www.michigan.gov/documents/1DHS\\_1945\\_133057\\_7.pdf](http://www.michigan.gov/documents/1DHS_1945_133057_7.pdf)
- N: Sample letter to Lawyer Guardian Ad-Litem (L-GAL)
- O: Children's Product Safety Act (P.A. 219)  
[http://www.legislature.mi.gov/\(S\(ui1ottfi2mdkhhzetzmeuu55\)\)/mileg.aspx?page=getobject&objectname=mcl-Act-219-of-2000&queryid=16190282&highlight=childrens%20product%20safety%20act](http://www.legislature.mi.gov/(S(ui1ottfi2mdkhhzetzmeuu55))/mileg.aspx?page=getobject&objectname=mcl-Act-219-of-2000&queryid=16190282&highlight=childrens%20product%20safety%20act)
- P: Michigan's Safety Belt and Child Restraint Laws
- Q: Safe Sleep pamphlet

**MEDICAL PASSPORT**  
Michigan Department of Human Services

CASE NAME:

CASE NUMBER:

DATE OF BIRTH:

SEX:

ADDRESS:

County

District

Section

Unit

Worker

Program Number:

MEDICAID TYPE:

SWSS Log

**MEDICAL HISTORY/MEDICAL NEEDS**

**FAMILY MEDICAL HISTORY:**

MO=Biological Mother

FA=Biological Father

BOTH=Biological Parents

(Circle all that apply/or type code on line)

MO/FA/BOTH \_\_\_\_\_ Heart Problems

MO/FA/BOTH \_\_\_\_\_ Sickle Cell Anemia

MO/FA/BOTH \_\_\_\_\_ Cancer

MO/FA/BOTH \_\_\_\_\_ Mental Illness

MO/FA/BOTH \_\_\_\_\_ Diabetes

MO/FA/BOTH \_\_\_\_\_ Strokes

MO/FA/BOTH \_\_\_\_\_ Asthma

MO/FA/BOTH \_\_\_\_\_ High Blood Pressure

MO/FA/BOTH \_\_\_\_\_ Allergies

MO/FA/BOTH \_\_\_\_\_ Other \_\_\_\_\_

**CHILD'S MEDICAL HISTORY:**

Prenatal Care: ☐ Yes ☐ No ☐ Unknown

Alcohol or drugs taken during pregnancy?: ☐ Yes ☐ No ☐ Unknown

If Yes, specify: \_\_\_\_\_

Full Term Pregnancy: ☐ Yes ☐ No ☐ Unknown

Type of Delivery: ☐ Natural ☐ Cesarean ☐ Unknown

Birth Weight: \_\_\_\_\_ lbs \_\_\_\_\_ Oz.

List age when child:

\_\_\_\_\_ Sat Alone

\_\_\_\_\_ Crawled

\_\_\_\_\_ Walked

\_\_\_\_\_ Spoke First Word

\_\_\_\_\_ Spoke 2 to 3 Words Together

If child had any of the following, please indicate date of most recent occurrence:

Date

\_\_\_\_\_ Measles

\_\_\_\_\_ Mumps

\_\_\_\_\_ Chicken Pox

\_\_\_\_\_ Whooping cough

\_\_\_\_\_ Scarlet Fever

\_\_\_\_\_ Frequent Colds/Cough

\_\_\_\_\_ Frequent Sore Throat

\_\_\_\_\_ Tonsillitis

\_\_\_\_\_ Pneumonia

\_\_\_\_\_ Sickle Cell Anemia

\_\_\_\_\_ HIV/AIDS

\_\_\_\_\_ Kidney/Bladder Infections

\_\_\_\_\_ Speech

\_\_\_\_\_ Other Medical Conditions, Specify: \_\_\_\_\_

\_\_\_\_\_ Chronic Illnesses, (Asthma, Diabetes, etc...), Specify: \_\_\_\_\_

\_\_\_\_\_ Other Forms of Self-Abuse, Specify: \_\_\_\_\_

\_\_\_\_\_ Allergies, Specify: \_\_\_\_\_

\_\_\_\_\_ Unusual Reaction to Medicine, Specify: \_\_\_\_\_

Date

\_\_\_\_\_ Earache/Ear Infection

\_\_\_\_\_ Anemia

\_\_\_\_\_ Meningitis

\_\_\_\_\_ Paralysis

\_\_\_\_\_ Heart Disease

\_\_\_\_\_ Thyroid Disease

\_\_\_\_\_ Convulsions/Seizures

\_\_\_\_\_ Head Banging

\_\_\_\_\_ Breath Holding

\_\_\_\_\_ Vision Problems \_\_\_\_\_ Glasses

\_\_\_\_\_ Hearing Problems \_\_\_\_\_ Hearing Aide

\_\_\_\_\_ Sexually Transmitted Disease

Child's Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 SWSS Log #: \_\_\_\_\_

NAME: \_\_\_\_\_

VACCINE	#	AGE	DATE	MANUFACTURER	DOSE (ml)
DTP	1				
DTP	2				
DTP	3				
DTP	4				
DTP	5				
Td	1				
Hep. B	1				
Hep. B	2				
Hep. B	3				
Polio	1				
Polio	2				
Polio	3				
Polio	4				
Hib b	1				
Hib b	2				
Hib b	3				
Hib b	4				
MMR	1				
MMR	2				
MMR	3				
Varicella	1				
Varicella	2				
Hep. A					

Non-Administered Vaccine	Date	Reason

Child's Primary Health Care Provider:

Child's Name:

Name		Address		
City		State	Zip Code	Phone Number
PROVIDER	DATE OF SERVICE	SERVICES CODE & NAME		DIAGNOSIS CODE & NAME

Child's Name \_\_\_\_\_

**RECORD ON-GOING MEDICATIONS**

Date	Name of Medication	Dosage	Reason for Medication

I certify that I have obtained all known information for the child named above. This is in accordance with the Michigan Department of Human Services policy.

The Medical Passport contains:

- A) All medical information required by policy or law to be provided to foster parents.
- B) A basic medical history.
- C) A record of all immunizations.
- D) A record of on-going medications.
- E) Other information concerning the child's physical and mental health.

Each of the child's placement providers (foster parent/kinship caregiver, etc.) have been provided a copy of the Medical Passport along with:

- All known history of abuse or neglect of the child;
- All known emotional and psychological problems of the child;
- All known behavioral problems of the child; and
- The documents that verify the above information.

**PREVIOUS WORKER'S SIGNATURE:** \_\_\_\_\_ **Date** \_\_\_\_\_

**PREVIOUS WORKER'S SIGNATURE:** \_\_\_\_\_ **Date** \_\_\_\_\_

**PREVIOUS WORKER'S SIGNATURE:** \_\_\_\_\_ **Date** \_\_\_\_\_

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

# YOUTH HEALTH RECORD

## INITIAL PHYSICAL

<p>Authority: P.A. 116 of 1973.          Completion: Is required.          Consequence for non-completion: Non-compliance of licensing rules.</p>
---

Child's Name (Last, First, Middle)		Sex	Date of Birth	Today's Date
Address (Number & Street)		City		State
				Zip Code
Parent's or Guardian's Name (Last, First, Middle)			Telephone (Home)	Telephone (Work)
Address (Number & Street)		City		State
				Zip Code

Statements such as "UP TO DATE" or "COMPLETE" will not be accepted.  
Admission to school may be denied on the basis of **this information**.\*

Is your child having any of the problems listed below?	YES	NO
1. Allergies or reactions: (For example, food, medication, or other)	<input type="checkbox"/>	<input type="checkbox"/>
2. Hay fever, asthma, or wheezing	<input type="checkbox"/>	<input type="checkbox"/>
3. Eczema or frequent skin rashes	<input type="checkbox"/>	<input type="checkbox"/>
4. Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>
5. Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>
6. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
7. Frequent colds, sore throats, ear aches (4 or more per year)	<input type="checkbox"/>	<input type="checkbox"/>
8. Trouble with passing urine or bowel movements	<input type="checkbox"/>	<input type="checkbox"/>
9. Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
10. Speech problems	<input type="checkbox"/>	<input type="checkbox"/>
11. Menstrual problems	<input type="checkbox"/>	<input type="checkbox"/>
12. Dental problems. Date of last examination.	<input type="checkbox"/>	<input type="checkbox"/>
13. Other(s) _____	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

VACCINE		DATE ADMINISTERED	
DTP/DT/Td DTaP  (Specify Type)	TYPE	Mo/Day/Yr:	TYPE Mo/Day/Yr:
		1.	6
		2.	7.
		3.	8.
		4	9
		5.	10.
Haemophilus influenzae type b (HIB)		1.	3.
		2.	4.
POLIO		1.	4.
(Specify Type)		2.	5.
OPV / IPV		3.	

Note: If Measles, Rubella, or Mumps vaccines were given before 12 months of age, the dosage must be repeated.

[illegible]

MMR	Mo/Day/Yr:	Mo/Day/Yr:
	1.	2.
Varicella (Chickenpox)	1.	
	2.	
Hepatitis B	1.	3.
	2.	
Pneumococcal Conjugate (PCV)	1.	3.
	2.	4.
<b>Other Vaccines</b>		

Does your child take any medication regularly?
<input type="checkbox"/> YES (Explain) _____
<input type="checkbox"/> NO
Reason for Medication

Indicate physician diagnosis of disease or laboratory evidence of immunity as applicable	_____
VACCINES WAIVED DUE TO REACTIONS/CONTRAINDICATIONS/ RELIGIOUS OBJECTIONS	_____
<b>I certify that the immunization dates are true to the best of my knowledge.</b>	
Validating Signature	

Parent's Signature	Title	Date
--------------------	-------	------

1



# YEARLY PHYSICAL

Today's Date

## SECTION III - PERSONAL

Child's Address (Number & Street, City, State, Zip Code)

Parent's or Guardian's Name (Last, First, Middle)

Telephone (Home)

Telephone (Work)

Parent's Address (Number & Street, City, State, Zip Code)

## SECTION IV - TESTS AND MEASUREMENTS

TEST TYPE	NO	YES	DATE TESTED	WEIGHT: LBS.	HEIGHT: Ft. In.	NORMAL	UNDER CARE	REFERRED
VISION	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Visual Acuity <input type="checkbox"/> Ocular Muscle <input type="checkbox"/> Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEARING	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Audio-meter <input type="checkbox"/> Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEMOGLOBIN/ HEMATOCRIT	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
URINALYSIS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Sugar <input type="checkbox"/> Albumin <input type="checkbox"/> Microscopic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLOOD PRESSURE	<input type="checkbox"/>	<input type="checkbox"/>		Reading		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TUBERCULIN	<input type="checkbox"/>	<input type="checkbox"/>		Type	Results <input type="checkbox"/> Positive <input type="checkbox"/> Negative	mm.		
OTHER (Specify) ▶								
OTHER (Specify) ▶								
Essential findings deviating from normal and/or recommendations								

## SECTION V - RECOMMENDATIONS

DATE	EXAM TYPE AND RESULTS	CLINIC'S NAME AND EXAMINER'S NAME
	Type	Clinic
	Results	Examiner
	Type	Clinic
	Results	Examiner
	Type	Clinic
	Results	Examiner
	Type	Clinic
	Results	Examiner
	Type	Clinic
	Results	Examiner
Is there any defect of vision, hearing or other condition for which the school could help by seating or other action? <input type="checkbox"/> NO <input type="checkbox"/> YES ▶ If Yes, explain below.		Should the student's activity be restricted because of any physical defects or illness? <input type="checkbox"/> NO <input type="checkbox"/> YES ▶ If Yes, explain below.
Explanation:		Restriction: <input type="checkbox"/> Classroom <input type="checkbox"/> Gymnasium <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Playground <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Camp <input type="checkbox"/> Other (Specify)
		Explain Degree of Restriction:
EXAMINER'S SIGNATURE		
DATE		
Examiner's Name (Print or Type)		Degree or License
Address (Street Number and Name)		Telephone Number
		State
		Zip Code

**YOUTH YEARLY DENTAL RECORD**  
State of Michigan Department of Human Services

**SECTION VI - DENTAL**

SEND REPORT TO:	Youth's Name <hr/> Date of Birth <hr/> Treatment Date <hr/>
<div style="text-align: center;"> <p><b>UPPER LABIAL</b></p> <p><b>RIGHT</b>      <b>LEFT</b></p> <p><b>LINGUAL</b></p> <p><b>LOWER LABIAL</b></p> </div>	<div style="text-align: center;"> <p><b>DIAGNOSIS</b></p> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Dental Caries  <input type="checkbox"/> Dental Fracture  <input type="checkbox"/> Gingivitis           <div style="margin-left: 40px;"> <input type="checkbox"/> Mild  <input type="checkbox"/> Acute  <input type="checkbox"/> Chronic           </div> <input type="checkbox"/> Malocclusion  <input type="checkbox"/> Missing Teeth         </div> <div style="text-align: center; margin-top: 20px;"> <p><b>TREATMENT</b></p> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Exam  <input type="checkbox"/> X-Rays  <input type="checkbox"/> Prophylaxis  <input type="checkbox"/> Amalgam or Other Filling  <input type="checkbox"/> Crowns  <input type="checkbox"/> Gingival Curettage or Therapy  <input type="checkbox"/> Root Canal         </div>
Other Diagnosis <hr/> <hr/>	Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
Other Treatment <hr/> <hr/>	
Next Appointment	
Attending Dentist or Physician	AUTHORITY: P.A. 116 of 1973. RESPONSE: Required. PENALTY: Non-compliance of Licensing Rules.

**ASSESSMENT FOR DETERMINATION OF  
CARE FOR CHILDREN IN FOSTER CARE**

(Age one day through twelve years)  
Michigan Department of Human Services

Case Name				
Case Number	County	District	Section	Unit
Initial Assessment Score/Level/Date		Last Assessment Score/Level/Date		
Date of Birth		Foster Home		

**INSTRUCTIONS:**

Items 1-6 - Check the statement that most accurately describes the foster parent activity. Enter the number in the box marked "Score." **Do not check the same activity more than once.** Specify the foster parent activity for each item scored.

Item 7 - Add scores from Items 1-6.

Item 8A - Enter the age appropriate rate.

Item 8B - Enter the Determination of Care rate based on the level determined by the score.

Item 8C - Add 8A and 8B.

Item 8D - Enter the administrative rate, if any.

Total Per Diem Rate - 8C plus 8D

Signatures: The worker completing the form must sign and date in the appropriate box.

The foster parent is to sign and date the appropriate box.

Level I and II require the supervisor's signature and date.

Level III and IV requires the Local office director's or designee's signature and date.

Level IV requires the zone manager's signature and date.

The term foster parent as used on this form includes licensed foster parents and relatives of state wards eligible for state ward board and care payments.

**NOTE: If the youth is medically diagnosed with a chronic or acute condition of a critical nature threatening health, life or independent functioning, please do not complete this form. Fill out the DHS-1945.**

<b>1. Behavior Management: All foster parents are expected to manage behavior. This section evaluates foster parent involvement above and beyond what would normally be expected of a foster parent to manage age appropriate behaviors. Children 0-2 years of age generally do not require special involvement in behavioral management.</b>		
No special involvement provided by the Foster parent. Child actions are age appropriate.	<input type="checkbox"/>	0
The Foster parent provides special and extensive involvement in scheduling and monitoring of time and/or activities, and/or crisis management at least <b>weekly</b> . At least 2 hours per week of direct foster parent involvement in scheduling, behavior charting, monitoring, redirecting, supervising and/or managing behaviors.	<input type="checkbox"/>	15
The Foster parent provides special and extensive involvement in scheduling and monitoring of time and/or activities, and/or crisis management on a <b>daily</b> basis. At least 1 hour per day of direct foster parent involvement in scheduling, behavior charting, monitoring, redirecting, supervising and/or managing behaviors.	<input type="checkbox"/>	30
The Foster parent provides special and extensive involvement in scheduling and monitoring of time and/or activities, and/or crisis management on a <b>constant basis</b> . Constant direct foster parent involvement in scheduling, behavior charting, monitoring, redirecting, supervising and/or managing behaviors.	<input type="checkbox"/>	45
Foster Parent Activities: <span style="float: right;">SCORE </span>		

<b>2. Mental Health Participation: Therapy/counseling is defined as a clinical or outreach session provided by a master level or above mental health professional. This does not include case management contacts and/or visits.</b>		
<b>Specialized Foster Care Behavioral Modification or Skills Building Session</b> <b>Participation: Behavioral modification or skills building session include participation of the child and the child's caregiver with a qualified person (behavioral aide) specifically trained in development of behavioral plans and behavior modification techniques. These sessions must occur in the environment most appropriate for addressing and resolving the identified behavior(s) and involve interactive discussion and/or demonstration of techniques.</b>		
Foster parent does not participate in the child's mental health services or the child is not in counseling/therapy. And/or:		
The child is not in specialized foster care or does not participate with a behavioral aide in the specialized foster care program	<input type="checkbox"/>	0
Foster parent participates at least monthly in consultation with the therapist/counselor or with the therapeutic process for the child. The foster parent is involved in a ( <b>monthly</b> ) formal discussion with the therapist by phone or in person, focused on the child's treatment plan, behaviors, progress, and/or implementation of the therapeutic plan. This does not include brief and/or casual conversation with the therapist. And/or:	<input type="checkbox"/>	7
Foster parent participates at least monthly with the child and the behavior aide in behavioral modification or skills building sessions.		
Foster parent participates at least twice per month with the therapy sessions or with the therapeutic process for the child. The foster parent is involved in a ( <b>at least twice per month</b> ) formal discussion with the therapist by phone or in person, focused on the child's treatment plan, behaviors, progress, and/or implementation of the therapeutic plan. This does not include brief and/or casual conversation with the therapist. And/or:	<input type="checkbox"/>	14
Foster parent participates at least twice per month with the child and the behavioral aide in behavioral modification or skills building sessions.		
Foster parent participates at least weekly with the therapy sessions or with the therapeutic process for the child. The foster parent is involved in a ( <b>at least weekly</b> ) formal discussion with the therapist by phone or in person, focused on the child's treatment plan, behaviors, progress, and/or implementation of the therapeutic plan. This does not include brief and/or casual conversation with the therapist. And/or:	<input type="checkbox"/>	21
Foster parent participates at least weekly with the child and the behavioral aide in behavioral modification or skills building sessions.		
Foster Parent Activities: <span style="float: right;">SCORE </span>		

<b>3. Education Participation: This category is for school-aged children and/or those children who are part of a child development program due to a certified disability or diagnosed condition. An educational need must be identified which requires foster parent participation in regular appointment with the school, specialized training in specific techniques, and follow-through on the in-home portion of a treatment plan, Individualized Education Plan or equivalent. Routine age appropriate assistance and supervision of homework does not qualify. If the foster parent chooses to home school a child, this does not qualify unless home schooling is documented as a child need and is part of the treatment plan.</b>	
Foster parent participation not required at home or school beyond regular age appropriate expected education intervention.	<input type="checkbox"/> 0
Foster parent participation requires collaboration with the school personnel <b>and</b> at least 1/2 hour of daily intervention beyond age appropriate expectation.	<input type="checkbox"/> 18
Foster parent participation requiring collaboration with the school personnel <b>and</b> more than 1/2 hour to 2 hours of daily intervention at home, beyond age appropriate expectations.	<input type="checkbox"/> 36
Foster parent participation requiring collaboration with the school personnel <b>and</b> more than 2 hours of daily intervention at home, beyond age appropriate expectations.	<input type="checkbox"/> 54
Foster Parent Activities:	SCORE
<b>4. Transportation: Routine transportation is not to be included. Routine transportation is defined as school and social activities normally expected for children placed in foster care, and includes sibling visitations, parental visits, routine medical, dental appointments, and age appropriate extracurricular activities. These activities do not qualify, unless identified as a need in the treatment plan. Transportation for exceptional medical needs is covered under medical transportation. See PAM 825.</b>	
No special transportation provided beyond routine child needs.	<input type="checkbox"/> 0
Foster parent is required to transport child two to seven times a month for therapeutic or medical treatment, emotional or social counseling, as outlined in the treatment plan.	<input type="checkbox"/> 3
Foster parent is required to transport child eight to twelve times a month for therapeutic or medical treatment, emotional or social counseling, as outlined in the treatment plan.	<input type="checkbox"/> 6
Foster parent is required to transport child thirteen or more times a month for therapeutic or medical treatment, emotional or social counseling, as outlined in the treatment plan.	<input type="checkbox"/> 9
Foster Parent Activities:	SCORE
<b>5. Personal Care: This section is generally not applicable to children under the age of 4. The child must have a physical or a mental condition that limits his/her ability to perform age appropriate personal care tasks.</b>	
Foster parent assistance not required beyond age appropriate need. The child has the physical and/or mental capabilities to perform personal care tasks.	<input type="checkbox"/> 0
Foster parent provides in home assistance 4 to 10 hours per week because of impairments requiring assistance beyond age appropriate needs with feeding, bathing, grooming, physical and/or occupational therapy. The child has a medically documented physical and/or mental impairment that renders him/her incapable of performing the described tasks without 4-10 hours of foster parent assistance per week.	<input type="checkbox"/> 3
Foster parent provides in home assistance 11 to 20 hours per week because of impairments requiring assistance beyond age appropriate needs with feeding, bathing, grooming, physical and/or occupational therapy. The child has a medically documented physical and/or mental impairment that renders him/her incapable of performing the described tasks without 10-20 hours of foster parent assistance per week.	<input type="checkbox"/> 6
Foster parent provides in home assistance over 20 hours per week because of impairments requiring assistance beyond age appropriate needs with feeding, bathing, grooming, physical and/or occupational therapy. The child has a medically documented physical and/or mental impairment that renders him/her incapable of performing the described tasks without over 20 hours of foster parent assistance per week.	<input type="checkbox"/> 9
Foster Parent Activities:	SCORE

<b>6. Medical Items/Diet/Excessive Damage: Diapers for children age 6 and under and lice treatment products, not prescribed by a physician, do not qualify. Receipts are required for medical items. Items damaged by a foster child must be documented and verified by a caseworker. Receipts are required and the expense must be prorated over a 6 month period to qualify.</b>																																																			
Not required. The child requires no special medical items or special diet.	<input type="checkbox"/> 0																																																		
Foster parent provides medical supplies not covered by Medicaid, such as medically required medications, bandages, special diet requirements, and/or incurs excessive damage of at least \$20 per week.	<input type="checkbox"/> 16																																																		
Foster parent provides medical supplies not covered by Medicaid, such as medically required medications, bandages, special diet requirements, and/or incurs excessive damage between \$21 and \$35 per week.	<input type="checkbox"/> 32																																																		
Foster parent provides medical supplies not covered by Medicaid, such as medically required medications, bandages, special diet requirements, and/or incurs excessive damage over \$35 per week.	<input type="checkbox"/> 48																																																		
Foster Parent Activities:	SCORE																																																		
<b>7.</b> Add scores from Question 1-6	<b>TOTALSCORE</b>																																																		
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**SIGNATURES:** Supplements above level III require an exception request with additional documentation/justification.

Direct Service Worker Signature	Date	Foster Parent Signature	Date
Direct Service Supervisor Signature	Date		
DHS Monitor Signature	Date	DHS Office Director Signature (Required for Level III & IV)	Date
DHS Monitor Supervisor Signature	Date	Zone Manager Signature (Required Above Level III)	Date

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

AUTHORITY: PA 280 of 1939  
 COMPLETION: Is required by policy  
 CONSEQUENCE: Correct reimbursement may not be received by the foster parent.

**ASSESSMENT FOR DETERMINATION OF  
CARE FOR CHILDREN IN FOSTER CARE**

(Age Thirteen Years and Over)

Michigan Department of Human Services

Case Name				
Case Number	County	District	Section	Unit
Initial Assessment Score/Level/Date		Last Assessment Score/Level/Date		
Date of Birth		Foster Home		

**INSTRUCTIONS:**

Items 1-6 - Check the statement that most accurately describes the foster parent activity. Enter the number in the box marked "Score." **Do not check the same activity more than once.** Specify the foster parent activity for each item scored.

Item 7 - Add scores from Items 1-6.

Item 8A - Enter the age appropriate rate.

Item 8B - Enter the Determination of Care rate based on the level determined by the score.

Item 8C - Add 8A and 8B.

Item 8D - Enter the administrative rate, if any.

Total Per Diem Rate - 8C plus 8D

Signatures: The worker completing the form must sign and date in the appropriate box.

The foster parent is to sign and date the appropriate box.

Level I and II require the supervisor's signature and date.

Level III and IV requires the Local office director's or designee's signature and date.

Level IV requires the zone manager's signature and date.

The term foster parent as used on this form includes licensed foster parents and relatives of state wards eligible for state ward board and care payments.

**NOTE: If the youth is medically diagnosed with a chronic or acute condition of a critical nature threatening health, life or independent functioning, please do not complete this form. Fill out the FIA-1945.**



<p><b>1. Behavior Management: All foster parents are expected to manage behavior. This section evaluates foster parent involvement above and beyond what would normally be expected of a foster parent to manage age appropriate behaviors.</b></p>	<input type="checkbox"/> 0
<p>No special involvement provided by the Foster parent. Child actions are age appropriate.</p>	
<p>The Foster parent provides special and extensive involvement in scheduling and monitoring of time and/or activities, and/or crisis management at least <b>weekly</b>. At least 2 hours per week of direct foster parent involvement in scheduling, behavior charting, monitoring, redirecting, supervising and/or managing behaviors.</p>	<input type="checkbox"/> 20
<p>The Foster parent provides special and extensive involvement in scheduling and monitoring of time and/or activities, and/or crisis management on a <b>daily</b> basis. At least 1 hour per day of direct foster parent involvement in scheduling, behavior charting, monitoring, redirecting, supervising and/or managing behavior.</p>	<input type="checkbox"/> 40
<p>The Foster parent provides special and extensive involvement in scheduling and monitoring of time and/or activities, and/or crisis management on a <b>constant basis</b>. Constant direct foster parent involvement in scheduling, behavior charting, monitoring, redirecting, supervising and/or managing behavior.</p>	<input type="checkbox"/> 60
<p>Foster Parent Activities:</p>	<p>SCORE </p>

<p><b>2. Mental Health Participation: Therapy/counseling is defined as a clinical or outreach session provided by a master level or above mental health professional. This does not include case management contacts and/or visits.</b></p>	
<p><b>Specialized Foster Care Behavior Modification or Skills Building Session</b></p>	
<p><b>Participation: Behavioral modification or skills building session include participation of the child and the child's caregiver with a qualified person (behavioral aide) specifically trained in development of behavioral plans and behavior modification techniques. These sessions must occur in the environment most appropriate for addressing and resolving the identified behavior(s) and involve interactive discussion and/or demonstration of techniques.</b></p>	
<input type="checkbox"/> 0	
<p>Foster parent does not participate in the child's mental health services or the child is not in counseling/therapy. And/or:</p>	
<p>The child is not in specialized foster care or does not participate with a behavioral aide in the specialized foster care program.</p>	
<p>Foster parent participates at least monthly in consultation with the therapist/counselor or with the therapeutic process for the child. The foster parent is involved in a (monthly) formal discussion with the therapist by phone or in person, focused on the child's treatment plan, behaviors, progress, and/or implementation of the therapeutic plan. This does not include brief and/or casual conversation with the therapist. And/or:</p>	<input type="checkbox"/> 7
<p>Foster parent participates at least monthly with the child and the behavioral aide in behavioral modification or skills building sessions.</p>	
<p>Foster parent participates at least twice per month with the therapy sessions or with the therapeutic process for the child. The foster parent is involved in a (at least twice per month) formal discussion with the therapist by phone or in person, focused on the child's treatment plan, behaviors, progress, and/or implementation of the therapeutic plan. This does not include brief and/or casual conversation with the therapist.</p>	<input type="checkbox"/> 14
<p>Foster parent participates at least twice per month with the child and the behavioral aide in behavioral modification or skills building sessions.</p>	
<p>Foster parent participates at least weekly with the therapy sessions or with the therapeutic process for the child. The foster parent is involved in a (at least weekly) formal discussion with the therapist by phone or in person, focused on the child's treatment plan, behaviors, progress, and/or implementation of the therapeutic plan. This does not include brief and/or casual conversation with the therapist. And/or:</p>	<input type="checkbox"/> 21
<p>Foster parent participates at least weekly with the child and the behavioral aide in behavioral modification or skills building sessions</p>	
<p>Foster Parent Activities:</p>	<p>SCORE </p>


<b>3. Education Participation: This category is for school aged children and/or those children who are part of a child development program due to a certified disability or diagnosed condition. An educational need must be identified which requires foster parent participation in regular appointment with the school, specialized training in specific techniques, and follow-through on the in-home portion of a treatment plan, Individualized Education Plan or equivalent. Routine age appropriate assistance and supervision of homework does not qualify. If the foster parent chooses to home school a child, this does not qualify unless home schooling is documented as a child need and is part of the treatment plan.</b>		
Foster parent participation not required at home or school beyond regular age appropriate expected education intervention.	<input type="checkbox"/>	0
Foster parent participation requiring collaboration with the school personnel <b>and</b> at least 1/2 hour of daily intervention beyond age appropriate expectation.	<input type="checkbox"/>	8
Foster parent participation requiring collaboration with the school personnel <b>and</b> more than 1/2 hour to 2 hours of daily intervention at home, beyond age appropriate expectations.	<input type="checkbox"/>	16
Foster parent participation requiring collaboration with the school personnel <b>and</b> more than 2 hours of daily intervention at home, beyond age appropriate expectations.	<input type="checkbox"/>	24
Foster Parent Activities: <span style="float: right;">SCORE </span>		

<b>4. Transportation: Routine transportation is not to be included. Routine transportation is defined as school and social activities normally expected for children placed in foster care, and includes sibling visitations, parental visits, routine medical, dental appointments, and age appropriate extracurricular activities. These activities do not qualify, unless identified as a need in the treatment plan. Transportation for exceptional medical needs is covered under medical transportation. See PAM-825.</b>		
No special transportation provided beyond routine child needs.	<input type="checkbox"/>	0
Foster parent is required to transport child two to seven times a month for therapeutic or medical treatment, emotional or social counseling, as outlined in the treatment plan.	<input type="checkbox"/>	10
Foster parent is required to transport child eight to twelve times a month for therapeutic or medical treatment, emotional or social counseling, as outlined in the treatment plan.	<input type="checkbox"/>	20
Foster parent is required to transport child thirteen or more times a month for therapeutic or medical treatment, emotional or social counseling, as outlined in the treatment plan.	<input type="checkbox"/>	30
Foster Parent Activities: <span style="float: right;">SCORE </span>		


<b>5. Personal Care: This section is generally not applicable to children under the age of 4. The child must have a physical or mental condition that limits his/her ability to perform age appropriate personal care tasks.</b>		
Foster parent assistance not required beyond age appropriate need. The child has the physical and/or mental capabilities to perform personal care tasks.	<input type="checkbox"/>	0
Foster parent provides in home assistance 4 to 10 hours per week because of impairments requiring assistance beyond age appropriate needs with feeding, bathing, grooming, physical and/or occupational therapy. The child has a physical and/or mental impairment that renders him/her incapable of performing the described tasks without 4-10 hours of foster parent assistance per week.	<input type="checkbox"/>	18
Foster parent provides in home assistance 10 to 20 hours per week because of impairments requiring assistance beyond age appropriate needs with feeding, bathing, grooming, physical and/or occupational therapy. The child has a physical and/or mental impairment that renders him/her incapable of performing the described tasks without 10-20 hours of foster parent assistance per week.	<input type="checkbox"/>	36
Foster parent provides in home assistance over 20 hours per week because of impairments requiring assistance beyond age appropriate needs with feeding, bathing, grooming, physical and/or occupational therapy. The child has a physical and/or mental impairment that renders him/her incapable of performing the described tasks without over 20 hours of foster parent assistance per week.	<input type="checkbox"/>	54
Foster Parent Activities: <span style="float: right;">SCORE </span>		

6. **Medical Items/Diet/Excessive Damage:** Lice treatment products, not prescribed by a physician, do not qualify. Receipts are required for medical items. Items damaged by a foster child must be documented and verified by a caseworker. Receipts are required and the expenses must be prorated over a 6 months period to qualify.

Not required. The child requires no special medical items or special diet.	<input type="checkbox"/> 0
Foster parent provides medical supplies not covered by Medicaid, such as medically required medications, bandages, special diet requirements, and/or incurs excessive damage of at least \$20 per week.	<input type="checkbox"/> 8
Foster parent provides medical supplies not covered by Medicaid, such as medically required medications, bandages, special diet requirements, and/or incurs damage between \$21 and \$35 per week.	<input type="checkbox"/> 16
Foster parent provides medical supplies not covered by Medicaid, such as medically required medications, bandages, special diet requirements, and/or incurs excessive damage in excess of \$35 per week.	<input type="checkbox"/> 24



Foster Parent Activities: SCORE 

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7. Add scores from Question 1-6 TOTALSCORE 

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8.

<table border="1"> <tr> <td>Level I</td> <td>Score</td> <td>11-60</td> <td>(\$6.00)</td> </tr> <tr> <td>Level II</td> <td>Score</td> <td>61-100</td> <td>(\$11.00)</td> </tr> <tr> <td>Level III</td> <td>Score</td> <td>101-170</td> <td>\$16.00)</td> </tr> </table>	Level I	Score	11-60	(\$6.00)	Level II	Score	61-100	(\$11.00)	Level III	Score	101-170	\$16.00)		<p>Age Appropriate Rate  8A \$ _____</p> <p>Determination of Care (if appropriate) 8B \$ _____</p> <p>TOTAL FOSTER PARENT RATE (8A + 8B): 8C \$ _____</p> <p>ADMINISTRATIVE RATE: 8D \$ _____ (if appropriate)</p> <p>TOTAL PER DIEM RATE (8C + 8D): \$ _____</p>
Level I	Score	11-60	(\$6.00)											
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**SIGNATURES:** Supplements above level III require an exception request with additional documentation/justification.

Direct Service Worker Signature	Date	Foster Parent Signature	Date
Direct Service Supervisor Signature	Date		
DHS Monitor Signature	Date	DHS Office Director Signature (Required for Level III & IV)	Date
DHS Monitor Supervisor Signature	Date	Zone Manager Signature (Required Above Level III)	Date

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AUTHORITY: PA 280 of 1939  
 COMPLETION: Is required by Policy  
 CONSEQUENCE: Correct reimbursement may not be received by the foster parent.

**SAMPLE LETTER TO LAWYER-GUARDIAN AD LITEM**

Date:

Name of attorney, J.D.  
Address

Dear **Name of Lawyer-Guardian Ad Litem:**

I am writing to introduce myself to you as the foster parent of your client/s\_\_\_\_\_, date of birth\_\_\_\_\_, who arrived in our care on\_\_\_\_\_. I am the foster parent with \_\_\_\_\_ agency. The children's agency caseworker is\_\_\_\_\_, who can be reached at\_\_\_\_\_.

It is our understanding as the Lawyer-Guardian Ad Litem that you are representing the child's/children's "best interests" and as part of your representation that you are required to meet with the child/children and also with me as the foster parent prior to hearings in court. Our home is located at\_\_\_\_\_. Our phone number is\_\_\_\_\_.

I look forward to meeting with you and would welcome contact with you to facilitate your meeting with your client/s and with me.

Thank you.

# Michigan's Safety Belt and Child Restraint Laws

## RESTRAINT USE REQUIREMENTS

Age	Restraint	Section
0 – 3 years	All passengers shall be properly secured in approved Child Restraint System	257.710d Driver responsible
4 – 15 years	All passengers shall wear a properly adjusted and fastened safety belt	257.710e Driver responsible
16 years and older	Driver and front seat passengers shall wear a properly adjusted and fastened safety belt	257.710e Violating occupant responsible

CHILD RESTRAINT EXEMPTIONS (less than 4 years)	
710d	<ul style="list-style-type: none"> <li>• Passenger in a bus, school bus, taxicab, moped, motorcycle, or other motor vehicle not required to be equipped with safety belts</li> <li>• Child being nursed</li> <li>• Child qualifying for a Secretary of State rule exemption due to size, medical problem, or physical unfitness</li> </ul>
SAFETY BELT EXEMPTIONS	
710e	<p><u>Driver or passenger:</u></p> <ul style="list-style-type: none"> <li>• In a motor vehicle manufactured before January 1, 1965</li> <li>• In a bus, motorcycle, moped</li> <li>• Who has a written verification from a physician for physical or medical reasons</li> <li>• Motor vehicle not required to be equipped with safety belts under federal law</li> <li>• Commercial or US postal service vehicle that makes frequent stops</li> <li>• Rural postal carrier while serving route</li> </ul> <p><u>Passengers only:</u></p> <ul style="list-style-type: none"> <li>• School bus passengers (driver must be belted)</li> <li>• Children 4 years or older but less than 16 in <u>rear</u> seats if all available belts are used and driver and all front seat passengers are properly belted</li> <li>• Children 4 years or older but less than 16 in <u>front</u> seat of a pickup without an extended cab or jump seats, if all available belts are used</li> </ul>

As of March 10, 2000

## Safe Sleep Checklist:

- ☐ Does your baby sleep and nap in a crib, portable crib or bassinet approved by the Consumer Product Safety Commission?
- ☐ Does it have a firm, tight fitting mattress?
- ☐ Does it have tight fitting sheets?
- ☐ Did you take out all soft things like pillows, blankets, comforters, stuffed animals?



## Is Your Crib Safe?

A safe crib has:

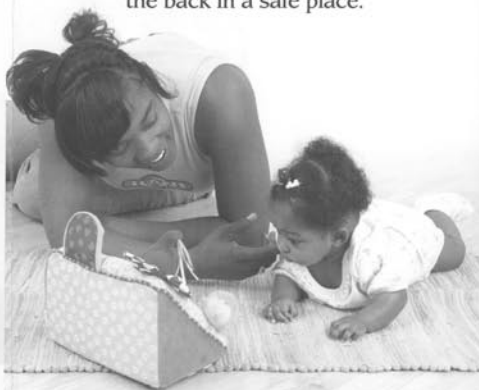
- A firm, tight-fitting mattress.
- No loose, missing, or broken hardware or slats.
- No more than 2 3/8" between the slats (width of a soda can).
- No corner posts over 1/16" high.
- No cutout designs in the headboard or footboard.

If you are unsure of the safety of your crib, call CPSC at 1-800-638-2772. Unsafe cribs should be destroyed.

## Tummy Time

Always put baby to sleep in a safe place. When babies are awake, they need tummy time but always and only if someone is with the baby and watching.

If baby falls asleep on the tummy, place him or her on the back in a safe place.



### Tomorrow's Child

Michigan SIDS  
WHERE HOPE SHINES ON.

Tomorrow's Child  
824 N. Capitol Avenue  
Lansing, MI 48906

**1-800-331-7437**

[www.tomorrowschildmi.org](http://www.tomorrowschildmi.org)

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# Safe Sleep for your Baby



## Protect Your Baby's Life.




**1** Baby sleeps in crib.

**2** Baby sleeps on back.

**3** Nothing in sleep area.

**4** Baby's face uncovered.

**5** No smoking around baby. 

**6** Do not overheat or overdress.

**7** Firm mattress, tight-fitting sheet.

## WARNING!

Babies are dying because they are put to sleep in places that are not safe. Babies always need a safe sleep place.

Parents whose babies have died want other parents to know:

- Babies are not safe sleeping on a couch, pillow or anything soft.
- Babies are not safe sleeping with other children, adults or pets.
- Adult beds are not safe for babies. If you feed your baby in bed, put your baby back into his/her crib to sleep.

## Safe Sleep Steps

- 1** Baby sleeps by him or herself in a crib, portable crib or bassinet.
- 2** Always put baby to sleep on his or her back even when he can roll over.
- 3** Nothing in sleep area. No pillows, blankets, comforters, stuffed animals or other soft things.
- 4** Keep baby's face uncovered during sleep for easy breathing. Use a sleeper instead of a blanket.
- 5** Don't allow anyone to smoke anything around baby.
- 6** Don't overheat the baby. Dress the baby in as much or as little clothing as you are wearing.
- 7** Use a firm mattress with a tightly fitted sheet.

*Make sure whoever takes care of your baby has a crib or portable crib for your baby to sleep. Talk to grandparents, babysitters, child care, neighbors and anyone who cares for your baby about the safest way for your baby to sleep.*





STATE OF MICHIGAN  
**Department of Human Services**

Copies Printed: 0  
Cost: 0  
Authority: DHS Director

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DHS-PUB-165 (12-06)

<ON-LINE VERSION>